TDCJ HEALTH SERVICES DIVISION
NURSE'S CHAIN REVIEW

NAME: McCollum, LARRY **TDCJ#:** 1105538

I. OUTGOING CHART REVIEW Date: _____ Time: _____ Facility: _____
Transfer to: _____ Allergies: _____
Method and time of travel appropriate: YES ☐ NO ☐ Medical Condition Appropriate for Travel: YES ☐ NO ☐
X-rays sent: YES ☐ NO ☐ N/A ☐ Current med pass on chart: YES ☐ NO ☐ **DOT:** YES ☐ NO ☐
Meds sent: YES ☐ NO ☐ N/A ☐ Health Problems: Medical ☐ Dental ☐ Mental ☐
Special Diet: _____
Treatment/Preps: _____
_____
Housing Restrictions: _____ Discipline Restrictions: YES ☐ NO ☐
Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☐ _____
Pending Appts/Follow-ups: _____
Special Instructions given to transport personnel: YES ☐ NO ☐ N/A ☐
Nurse Signature/Date/Time: _____

II. ENROUTE CHART REVIEW Date: _____ Time: _____ Facility: _____
On Meds: YES ☐ NO ☐ Meds rec'd: YES ☐ NO ☐ **DOT:** YES ☐ NO ☐ X-rays rec'd: YES ☐ NO ☐
Housing Restrictions: _____
Treatment/Preps: _____
_____
New Orders: _____
_____
New Medications On Computer: YES ☐ NO ☐ Pending Appointments: _____
Chart for Review to: CID ☐ Mental Health ☐ Dental ☐
Additional Comments: _____
_____
Nurse Signature/Date/Time: _____ Physician-PE Signature/Date/Time: _____

III. FACILITY OF ASSIGNMENT: Date: 11/25/03 Time: 1810 Facility: SV
DOT: YES ☐ NO ☒ Meds rec'd: YES ☐ NO ☒ Date last PPD ☐ / CXR ☐: TB class Ø 7/03
X-rays rec'd: YES ☐ NO ☒
Health Diagnoses: Obesity, Depression, Chronic Low Back Pain
_____
_____

Meds:	Rec'd	Exp'd	MD Reorder
see med pass	☐	☐	_____
	☐	☐	_____
	☐	☐	_____
	☐	☐	_____
	☐	☐	_____
	☐	☐	_____
	☐	☐	_____
	☐	☐	_____
	☐	☐	_____

Treatments/Special Care/Follow-up/Diet/Appointments:
_____
_____
_____
Chart to Review to: CID ☐ Mental Health ☐ Dental ☐ Add to Chronic Clinic: YES ☐ NO ☒
Restrictions: Housing Ø Work Ø
Discipline: YES ☒ NO ☐
Nurse Signature/Date/Time: K. Evans, LVN 11/25/03 1810
Physician-PE Signature/Date/Time: [signature] MD WMXS PMH-NP 12-3-03 1100

UTMB MANAGED CARE
MENTAL HEALTH SERVICES

Outpatient Psychiatric Follow-up

Patient Name: MCCOLLUM, LARRY G TDCJ#:1105538 Date: 09/17/2003 08:04
Facility: COLE
Current Medications:
DIPHENHYDRAMINE HCL 25MG CAPS, 1 CAPS ORAL(po) QHS
Special Instructions: EQUI=BENADRYL
HALOPERIDOL 5MG TABS, 1 TABS ORAL(po) QHS
Special Instructions: EQUI=HALDOL. *NON-KOP*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY, VERY IMPORTANT TO TAKE OR USE EXACTLY AS DIRECTED
PROZAC 20MG CAPS, 1 CAPS ORAL(po) QHS
Special Instructions: *NON-KOP*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY :

S: The patient reports: Seen today for medication renewal .He is doing well with present medication.No more feeling depressed.He was admitted to SV crisis unit in Jan,2003.No more feeling paranoid

Medication effects: Good response.
Medication side effects:None
Medication compliance:Good
Laboratory results:WNL.
Psychotherapy participation:

O: Cooperative.Mood is euthymic.Affect is flat.Oriented x3.Denies any delusion or hallucination.Denies any suicidal or homicidal ideation.Insight & judgement is fair.

A. Axis I: Major Depression With Psychotic features
Axis II:Differed
Axis III:None

P: Medications: D/C previous Haodal ,Benadryl & Prozac.
Halodal 5 mg 1 qhs x30 Refill 11
Benadryl 25 mg 1 qhs x30 Refill ~~11~~ 2
Prozac 20 mg 1qhs x30 refill 11
ITP & AIMS done

Psychotherapy:
Laboratory:
Referrals:
Follow-up:RTC 12 weeks

The risks, benefits, side effects, and alternatives to __MEDICATION.____ agrees.

Interpreter Used		Yes		No	Name of interpreter:

Electronically Signed by REDDY, SRINIVAS P M.D. on 09/17/2003
##And No Others##

Procedures Ordered:
BRIEF OFFICE VISIT - LEVEL 1 (NO CORAY): major depression, recurrent episode

SRINIVAS P. REDDY, M.D.

PATIENT: MCCOLLUM,LARRY G
RT. 3 BOX 888
BONHAM, TX 75413
MRN: 1105538
DOB: 4/4/1953

HALOPERIDOL 5MG TABS
Sig: 1 TABS ORAL(po) BEDTIME
Start Date: 09/17/2003
EQUI=HALDOL. *NON-KOP*, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IM PAIR THE ABILITY TO DRIVE OR OPERATE MACHINERY, VERY IMPORTANT TO TAKE OR USE EXACTLY AS DIRECTED

Disp. #: 30 TABS Refills: 11

Allow Generic - No product selection indicated
Rx Written On: 09/17/2003 08:10

DIPHENHYDRAMINE HCL 25MG CAPS
Sig: 1 CAPS ORAL(po) BEDTIME
Start Date: 09/17/2003
EQUI=BENADRYL

Disp. #: 30 CAPS Refills: 2

Allow Generic - No product selection indicated
Rx Written On: 09/17/2003 08:10

Product Selection Permitted

Dispense as Written

SRINIVAS P. REDDY, M.D.

PATIENT: MCCOLLUM,LARRY G
RT. 3 BOX 888
BONHAM, TX 75413
MRN: 1105538
DOB: 4/4/1953

PROZAC 20MG CAPS
Sig: 1 CAPS ORAL(po) BEDTIME
Start Date: 09/17/2003
NON-KOP, MAY CAUSE DROWSINESS OR DIZZINESS, MAY IMPAIR THE ABI
LITY TO DRIVE OR OPERATE MACHINERY

Disp. #: 30 CAPS Refills: 11

Allow Generic - No product selection indicated
Rx Written On: 09/17/2003 08:10

Product Selection Permitted

Dispense as Written

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, L
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
7/29/03	1913 Walk in c/o of nausea + diarrhea & 1 hour ago, none at this exam. Soup vomited x1. O- T-99.3, 117/78, 63, 20, Wt 230, Well hydrated. no pain A: See objective P: no tx at this exam. SWatkins LVN
9/17/03	0700 Med Compliance - Haldol 5mg (100%), Benadryl 25mg (100%) Fluoxetine 20mg (100%) — B Haverkamp

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
TDCJ No.: 1105538
Unit: [illegible]

Date & Time	Notes
7/14/03 0504	Give annual TB skin test 0.5 ML Sq per protocol
	V.O. Ms. Black CFNP/ V. Hutchinson LVN
	Sign X [signature]
7/14/03 /0504/	Noted — V. Hutchinson LVN
7/14/03 /0505/	Annual Tb skin test given in L Forearm, F/U in two days to evaluate skin site, physical due 2005 — V. Hutchinson LVN
7/16/03/0857/	Here to eval PPD skin site. See HSM-2 for results — V. Hutchinson LVN
7.22.03/850	The patient [illegible] [illegible] works. Doing well.
	(O) - not delusional, no [illegible] no suicidal & homicidal thoughts. [illegible] [illegible] meds to continue. 300.00
	(A) - Anxiety [illegible] [illegible] history of Depressive disorder due to alcohol. Alcohol dep. 291.8
7/22/03 [illegible]	Plan: 90 days + 3 refills { Haloperidol 5mg H.S. ✓
	Benadryl 25mg H.S. 2 [illegible] ✓
10-7-03 0545	Fluoxetene 20mg H.S. ✓
	Return in 3 mo.
	[signature]

Please sign each entry with status.

HSM - 1 (Rev. 5/92) 7-22-03/0840/ noted [signature]

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

ame: McCollum, Larry
TDCJ No.: 1105538
Unit: Cole.

Date & Time	Notes
6.16.03 / 750	During weekly no desire for my himself + others, he is learning infamiating. [illegible], not looked + dishevelled, oriented to [illegible] all same!
	Treatment! Dc Haldol + Benadryl + fluoxetine - give: Haldol 5 mg H.S.
1/16/03 [illegible]	30 days + 3 refills: Benadryl 25 mg H.S.; Fluoxetine 20 mg H.S.
9-16-03 [illegible]	Return in 3 mo. [signature]
6-16-03/0810	noted [signature]

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

00174

NURSING ASSESSMENT PROTOCOL
FOR
MUSCULOSKELETAL SYMPTOMS

Name: McCollum, Larry TDCJ#: 1105538 Date: 5/17/03 Time: 1048.
Facility of Assignment: Colc Work Assignment: Hoc.
Current Medications: Naproxen / Zantac / Haldol / Benadryl / Fluoxetine.
Allergies: (Food, drug, other) ~~0~~

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Significant medical history: prior CLOP.

2. Pain: Back, Knee, Shoulder
Location _____ Onset _____
Frequency _____ Duration _____
Radiation _____ Where: _____
Intensity: Mild Moderate Severe

3. Precipitating factors: working, climbing.

4. Recent trauma? (N) Y
Surgery? (N) Y
Strenuous Physical Activity? (N) Y

5. History similar problem? N (Y)
What was done then? Meds.

6. History of arthritis? (N) Y

7. Family history: N/A.

3. Movement: (Normal) Guarded

4. Posture: (Normal) Erect Guarded
(Tilts to right) (Tilts to left)
~~Sits easily~~ Sits w/difficulty

5. Gait: (Normal) Limp Guarded

6. Peripheral Pulses: N/A

	Right	Left
Radial	Present	Present
	Absent	Absent
Dorsalis Pedis	Present	Present
	Absent	Absent

7. Dipstick UA: N/A
Leukocytes _____ Nitrites _____
Urobilinogen _____ Protein _____
pH _____ Blood _____
Sp. Gr. _____ Ketones _____
Bilirubin _____ Glucose _____

Comments: Offender states "still have the same problem that I had when I had restrictions"

OBJECTIVE DATA wt. 230

1. T 96.5 P 46 R 20 B/P 130/25

2. Joints: Normal Stiffness Redness
Hot Swelling
Range of Motion: Affected Joint(s)

	Full	Limited	Absent
Right Leg			
Left Leg			
Right Arm			
Left Arm			
Neck			
Back:			
Anteflexion			
Dorsiflexion			
L. Lat Flexion			
R Lat. Flexion			

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner if:

- Acute onset with loss of motion or function.
- Difficulty walking, numbness or severe pain, accompanying abdominal pain, abnormal vital signs, dark or bloody urine, temperature greater 101°F.
- Suspected fracture.

Instrumental ROM taking all measurements as noted. -

Cont'd on back

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum Larry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
5-12-03	0745/HSA-9/ Rec today/ restrictions have been lifted for some reasons — You do not have no restrictions — Hernandez RN
5-14-03 720	I-60 Rec'd 5/14/03 requesting Rxs be renewed that are expiring. Chart to provider — D Phillips RN
5-16-03 chart time	
5/16/03/0745	HSA-9 recd today "Back from Hospital again and check on my restrictions" Pls schedule MSC 5-17-03 — V. Watchman
5/16/03	Chart Rev 1) His restrictions have been checked and are exactly as ordered (i.e. none) 2) He has no Rx (meds) [illegible] in the next few days. P no new orders BARRY RAFF MD 11:40 AM MAY 16 2003
5/16/03 1636	noted — [illegible]

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

0174

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
4/28/03	d/c Atarax
4-28-03 [illegible]	Zantac 150 BID x 30 1 - [illegible]
	BARRY RAFF MD
	12a AM PM APR 28 2003
4/28/03 1330	noted — D Phillips [illegible]
4.29.03	[illegible] has been constantly [illegible] of age — [illegible] sleeping [illegible] — The [illegible] is the same — Ⓢ [illegible], [illegible] Ⓞ not [illegible] or [illegible] not delusional, has [illegible] [illegible] [illegible] 4.05.03 Treatment, he refuses to take
4-29-03 [illegible]	3 mo. { Haldol [illegible] 5 mg HS. DC previous medication. Benadryl 25 mg HS. DC [illegible] Prozac 20 mg am.
7-8-03 psy [illegible]	[illegible] in 3 mo, or earlier
	[signature]
7/29/03 720	noted — D Phillips [illegible]

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, J
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
4-7-03	(S) HSM 18 New, Back pain NK Shoulder pain No new problems
1140	(O) PE essentially same as 4-15-03
	(A) L/S pain Suggestive PE Neg NK Shoulder pain new pain
4-21-03 RNCMA J	(P) 1) Naproxen 500 mg 1, Po. bid x 30d
	2) de HSM 18 III # 8, 9/12/17 M Beam RN, CS
4-21-03/1145 4/22/03 700	noted SRyan RN
	I-60 Recd 4/22/03 requesting refill of baby oil + cream for athletes feet Response- your baby oil does not expire until May 15th Your tinactin was denied DRPhillips RN
4-23-03/0845/I-60/Rec today/ 4-28-03 chart/md	Want Refill on Antacids - Your chart will be ref to provider JFernandez RN
4/28/03	Antacid tab TI PO BID x30 Kq
	BARRY RAFF MD AM PM APR 28 2003
4/28/03 1000	noted DRPhillips RN

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, L
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
4/15/03	945 Continue
	mother is sick - he wants to be by himself. he can't tolerate noise - Obj. - he feels anxious, The [illegible] thinks are playing games he thinks he has [illegible]
	small things bother him, he claims he is anxious. No wishing to harm himself or others. [illegible]
	Diagnosis: Depression & [illegible] anxiety ? [illegible] due to alcohol
4-15-03 [illegible]	Haldol 10 mg [illegible] p.o. conc - [illegible] + now, 10 mg
	30 days Benadryl 25 mg [illegible] p.o. + Now
	Prozac 20 mg [illegible]
	Recheck in 1 wk.
4-20-03 [illegible]	PC. Nortriptyline [signature]
4-15-03	1040 / noted [signature]
4-21/03	1058 / Here to see provider re' HSM-18 Wt 230 V/S 97.4 54-18-130/74 - [signature]

Please sign each entry with status.

Plaintiffs' MSJ Appx. 960

HSM - 1 (Rev. 5/92)

0174

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, L
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
4-15-03 0810	Cont'd
	(A) (1) Back Pain Subjective } Poor Compliance
	(2) Rt Shoulder Pain Subjective } on Naproxen
	(3) Neck Pain Subjective
	(4) Rt upper leg papules healing well
	(5) Dry skin heels
	(P) (1) Baby oil to both heels bid x 30d
	KOP given to Pt now issued
	(2) Lavation denied
	(3) Take Naproxen as directed
	[illegible] RN
4-15-03/0945	Noted [signature]
4/15/03/0945	- Patient is decompensating, easy irritable + having a poor hygiene + disorganized thoughts. When in Skyview he improved fast - suspected history of street drugs. (OP). At times he heard voices, has been for several y. His father was been death a y. ago and feels bad. The voices are Telling him about his father loss.

Please sign each entry with status.

[signature]

HSM - 1 (Rev. 5/92)

J0174

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, L
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
4/14/03 0640	I-60 Rec'd 4/14/03 requesting refills
4-15-03 [illegible]	of Tolnaftate Chart to provider
	D Phillips RN
4/15/03	0750 Appt c provider Re: Arthritis Refill cream
	Wt 238 T 98.2 B/P 140/80 P 70 R 18 [illegible]
4/15/03 0810	(S) s/p 2 - 3 MVA 1994, 1998 [illegible]
	pain [illegible]: Back Pain, Rt Shoulder pain, neck pain
	Rt upper [illegible] leg healing, [illegible]
	Heels cracking still
#	(O) (1) Neck: full ROM c̄ grimacing
	(2) Back: [illegible] gait
	Back flexion to almost toe touch
	s̄ spasms
	Gets up on exam table c̄ difficulty
	Bil leg extension to 90° s̄ spasms or
	grimacing
	(3) Rt Shoulder: c̄ little effort
	full ROM c/o pain at lat extension
	(4) Rt upper leg: papules healing,
	no drainage or scales
	(5) Heels: thick dryness
	Chart Rev: Pt on Naproxen 500mg bid
	c̄ poor Compliance 6020
	(6) Knees: full ROM s̄ effusion or [illegible] Cont'd

Please sign each entry with status.

Plaintiffs' MSJ Appx. 962

HSM - 1 (Rev. 5/92)

J0174

NURSING ASSESSMENT PROTOCOL
FOR
SKIN ERUPTIONS, BOILS AND ABSCESSES

Name: McCollum, D TDCJ#: 1105538 Date: 4-7-03 Time: 1130
Facility of Assignment: Coal Work Assignment: TC
Current Medications: Naproxen
Allergies: (Food, drug, other) NKA

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Significant medical history: C/o multiple dried areas to L ext. & buttocks
2. Onset: x few wks
3. Type of lesion, location, and course: Sm dried up areas no redness or edema or pain
4. History of similar problems: N / Y
   Prior treatment: N/A

OBJECTIVE DATA

(**NOTE**: Always use gloves to examine skin lesions)

1. T 97.9 P 55 R 18 B/P 130/80
2. Skin appearance:
   Macules Papules Vesicles Pustules
   Erythema Abscesses Excoriations
3. Location & size of lesion(s) (use ruler to measure)
   dried up area
4. Drainage:
   Amount none Location non
   Color/consistency
5. Pain or tenderness to touch? N / Y

Comments: none obs.

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner immediately if patient is immunocompromised.

TREATMENT PLAN:

- Refer any patient with skin eruptions (eczema, seborrhea, psoriasis) or boils, abscesses or other draining skin lesions to the Physician/Midlevel Practitioner for next day evaluation.
- Obtain wound culture and sensitivity on any open, draining skin lesion immediately.
- Apply a dry, sterile occlusive dressing to any open, draining boil, abscess, or skin lesion.
- Instruct patient to leave draining skin lesions covered, to minimize scratching of lesions, and to wash hands with soap and water after touching draining skin lesions.
- Provide pass for patient to return to medical department for daily dressing changes and antibiotic administration, as ordered by the physician. Observe the lesion(s) for clinical response to therapy and document in the health record.
- Antibiotic therapy for patient with methicillin resistant staph aureus (MRSA), must be administered in the medical department via Directly Observed Therapy (DOT).

cont'd on back

NURSING ASSESSMENT PROTOCOL
FOR
MUSCULOSKELETAL SYMPTOMS

Name: McCollum, L. TDCJ#: 1105538 Date: 4-1-2003 Time: 1130
Facility of Assignment: Cole Work Assignment: fd wtd
Current Medications: Naproxen
Allergies: (Food, drug, other) NKA

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Significant medical history: Knee neck pain due to arthritis
2. Pain:
   Location Knees Onset months
   Frequency all the time Duration —
   Radiation N/A Where: neck
   Intensity: Mild (Moderate) (Severe)
3. Precipitating factors: pain all the time med does not help
4. Recent trauma? (N) / Y
   Surgery? (N) / Y
   Strenuous Physical Activity? (N) / Y
5. History similar problem? N / (Y)
   What was done then? Put on medication Celebrex
6. History of arthritis? N / (Y)
7. Family history: N/A

OBJECTIVE DATA

1. T 97.9 P 55 R 18 B/P 130/80 Wt 238
2. Joints: (Normal) Stiffness Redness Hot Swelling

Range of Motion: Affected Joint(s)

	Full	Limited	Absent
Right Leg	✓		
Left Leg	✓		
Right Arm	✓		
Left Arm	✓		
Neck	✓		
Back:			
Anteflexion	✓		
Dorsiflexion	✓		
L. Lat Flexion	✓		
R Lat. Flexion	✓		

3. Movement: (Normal) Guarded
4. Posture: (Normal) Erect Guarded (Tilts to right) Tilts to left (Sits easily) Sits w/difficulty
5. Gait: Normal Limp Guarded
6. Peripheral Pulses:

	Right	Left
Radial	Present / Absent	Present / Absent
Dorsalis Pedis	Present / Absent	Present / Absent

7. Dipstick UA: N/A

Leukocytes		Nitrites	
Urobilinogen		Protein	
pH		Blood	
Sp. Gr.		Ketones	
Bilirubin		Glucose	

Comments: Ref. to provider re pain due to severe arthritis to neck & knees

NURSING ACTION

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner if:

- Acute onset with loss of motion or function.
- Difficulty walking, numbness or severe pain, accompanying abdominal pain, abnormal vital signs, dark or bloody urine, temperature greater 101°F.
- Suspected fracture.

Plaintiffs' MSJ Appx. 964

Cont'd on back

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum Larry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
4/11/03 725	HSAG Rec'd 4/11/03 c/o staff infection + arthritis in joints Scheduled NSC 4/12/03 D Phillips
1-1505 MP 4-12-03/1145	See HSN-1? Ref. Offender to provider [signature]

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

NURSING ASSESSMENT PROTOCOL
FOR
MUSCULOSKELETAL SYMPTOMS

Name: McCollum, Larry TDCJ#: 1105538 Date: 4-9-03 Time: 1325
Facility of Assignment: Cole Work Assignment: Gate T.C.I.F.I.
Current Medications: See med sheet
Allergies: (Food, drug, other) NKA

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Significant medical history: C/O R index finger injury
2. Pain:
   Location R. finger Onset x 1 month ago
   Frequency ____ Duration ____
   Radiation ____ Where: ____
   Intensity: Mild Moderate Severe
3. Precipitating factors: none
4. Recent trauma? N Y
   Surgery? N Y
   Strenuous Physical Activity? N Y
5. History similar problem? N / Y
   What was done then? N/A
6. History of arthritis? N Y
7. Family history: N/A

3. Movement: Normal Guarded
4. Posture: Normal Erect Guarded
   Tilts to right Tilts to left
   Sits easily Sits w/difficulty
5. Gait: Normal Limp Guarded
6. Peripheral Pulses:

	Right	Left
Radial	Present	Present
Dorsalis Pedis	Absent / Present	Absent / Present
	Absent	Absent

7. Dipstick UA:

Leukocytes		Nitrites	
Urobilinogen		Protein	
pH		Blood	
Sp. Gr.		Ketones	
Bilirubin		Glucose	

Comments: States "Officer slammed door on my finger - Numbness bruising good ROM able make fist -

OBJECTIVE DATA

1. T 97.4 P 91 R 18 B/P 132/76
2. Joints: Normal Stiffness Redness Hot Swelling

Range of Motion: Affected Joint(s)

	Full	Limited	Absent
Right Leg			
Left Leg			
Right Arm			
Left Arm			
Neck			
Back:			
Anteflexion			
Dorsiflexion			
L. Lat Flexion			
R Lat. Flexion			

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner if:

- Acute onset with loss of motion or function.
- Difficulty walking, numbness or severe pain, accompanying abdominal pain, abnormal vital signs, dark or bloody urine, temperature greater 101°F.
- Suspected fracture.

Cont'd on back

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, L.
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
3/26/03	1010 Appt c provider RE: Skin
	Wt 238 T 98.6 B/P 143/88 P 104 R 18 B. [illegible]
	S (R) face
	[illegible] eye
	start [illegible] x 5-6 [illegible]
	no [illegible] [illegible]
	O [illegible] [illegible] [illegible] [illegible]
	([illegible]) [illegible] [illegible] [illegible] [illegible]
	A. eczema / [illegible]
	P Betadine [illegible] [illegible] [illegible] [illegible] BID x 10 d
	[illegible] [illegible] [illegible] [illegible]
	BARRY RAFF MD
	AM PM MAR 26 2003
3-26-03	1220/ noted [illegible]
3/29/03/1145	"I [illegible] [illegible] today" "I need a blood test for prostate and infection disease" Reply schedule
4-1-03 CID8	[illegible] CID to discuss testing — [illegible]
4/1/03/0822	As above, pt was tested for HIV 8/02, pt states "feels there is no need to retest," is concern c prostate had PSA done 7/02, informed pt to f/u c MSC of continued concerns, no action needed at this time — [illegible]

Please sign each entry with status.

Plaintiffs' MSJ Appx. 967

00174

NURSING ASSESSMENT PROTOCOL
FOR
SKIN ERUPTIONS, BOILS AND ABSCESSES

Name: McCallum, Larry TDCJ#: 1105538 Date: 3/24/03 Time: 1520
Facility of Assignment: Ole. Work Assignment:
Current Medications: Naproxen, antacids, Pamelor, Zoloft.
Allergies: (Food, drug, other) NKA

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Significant medical history: Breaking out on R side of face + buttocks
2. Onset: 1 wk.
3. Type of lesion, location, and course: no open areas
4. History of similar problems: N / (Y)
   Prior treatment: unresolved,

OBJECTIVE DATA

Wt 238

(**NOTE**: Always use gloves to examine skin lesions)

1. T 98.0 P 67 R 20 B/P 130/81
2. Skin appearance:
   Macules (Papules) Vesicles Pustules
   Erythema Abscesses Excoriations
3. Location & size of lesion(s) (use ruler to measure)
   buttocks & R side of face
4. Drainage:
   Amount none Location
   Color/consistency
5. Pain or tenderness to touch? (N) Y

Comments: N/A

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner immediately if patient is immunocompromised.

TREATMENT PLAN:

- Refer any patient with skin eruptions (eczema, seborrhea, psoriasis) or boils, abscesses or other draining skin lesions to the Physician/Midlevel Practitioner for next day evaluation.
- Obtain wound culture and sensitivity on any open, draining skin lesion immediately.
- Apply a dry, sterile occlusive dressing to any open, draining boil, abscess, or skin lesion.
- Instruct patient to leave draining skin lesions covered, to minimize scratching of lesions, and to wash hands with soap and water after touching draining skin lesions.
- Provide pass for patient to return to medical department for daily dressing changes and antibiotic administration, as ordered by the physician. Observe the lesion(s) for clinical response to therapy and document in the health record.
- Antibiotic therapy for patient with methicillin resistant staph aureus (MRSA), must be administered in the medical department via Directly Observed Therapy (DOT).

Cont'd on back

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, L
TDCJ No.: 1105538
Unit: Coffield

Date & Time	Notes
3/21/03 1015	Sick call slip to dent - DR Hlavka
3-22-03 0750	S- offender walk in c/o "2 punches to the face... fell to the floor... nose was bleeding
	O- ~~JH~~ seen HSM-14 A- PHD physical
	P- released to segregation - not going to seg J. Hime RN
3-23-03	1125/160/Rec today/Request CSP- NSC 3-24-03 Jerman LPN
3-23-03	1138/160/Rec today/Request for Antibiotics for infection from Beto NSC 3-24-03 Jerman LPN
3/24/03	1530/ T.U. C provider for skin. Watkins LVN

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

NURSING ASSESSMENT PROTOCOL
FOR
HEARTBURN

Name: McCallum, L TDCJ#: 1105538 Date: 3/19/03 Time: 1500
Facility of Assignment: Cole Work Assignment: no job
Current Medications: Pamelor, Zaloft
Allergies: (Food, drug, other) NKA

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA Request refills of antacids

1. Significant medical history: Heart Burn
2. Pain:
   Location: Not today Onset:
   Frequency: Radiating:
   Duration: Intensity:
   Describe: Burning of epigastric at times
3. Aggravating factor:
   Alleviating factor: Antacids
5. Smoking: N Y
6. Caffeine Intake: NO
7. Alcohol intake history: NO
8. Dietary Habits: NO
9. History of similar problem? N Y
   How treated: Antacids
10. Family History: NO
11. Bowel Habits:
    Frequency: Ok.
    Characteristics:
    Bloody/mucus:
12. Vomiting? N Y
    Describe: N/a
13. Recent abdominal surgery: N/a

OBJECTIVE DATA

1. T 98 P 70 R 20 B/P 139/86 Wt 237 lbs.
   Weight loss/gain: N/a Lbs. Since N/a
2. Abdominal Inspection: Distended Flat
3. Abdominal Auscultation: N/a
   Bowel Sounds: Normal Hyperactive
   Hypoactive Absent
4. Abdominal Palpation:
   Distended Soft Rigid Guarding
   Rebound tenderness
   Location of tenderness:

Comments: N/a

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner immediately if:

- Patient has history of hypertension.
- Patient has history of cardiovascular disease.
- Pain radiates to back, chest, neck or arm.
- Pain is associated with nausea, vomiting, sweating or SOB.

Cont'd on back

NURSING ASSESSMENT PROTOCOL FOR MUSCULOSKELETAL SYMPTOMS

Name: McCollum, L TDCJ#: 1105538 Date: 3/19/03 Time: 1500
Facility of Assignment: Coffield Work Assignment: No job
Current Medications: Amitriptyline, Zoloft.
Allergies: (Food, drug, other) NKA.

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA arthritis

1. Significant medical history: joint pains.
2. Pain:
   Location: knee's Onset: Chronic
   Frequency: 24 Duration: constant
   Radiation: no Where: no
   Intensity: Mild (Moderate) Severe 10/5
3. Precipitating factors: n/a
4. Recent trauma? N / Y
   Surgery? N / Y
   Strenuous Physical Activity? N / Y
5. History similar problem? N / (Y)
   What was done then? Naproxen
6. History of arthritis? N (Y)
7. Family history: yes

OBJECTIVE DATA

1. T 98.0 P 70 R 20 B/P 139/86
2. Joints: Normal (Stiffness) Redness Hot Swelling

   Range of Motion: Affected Joint(s)

	Full	Limited	Absent
Right Leg	✓		
Left Leg			
Right Arm			
Left Arm			
Neck	✓		
Back:			
Anteflexion	✓		
Dorsiflexion			
L. Lat Flexion	✓		
R Lat. Flexion			

3. Movement: (Normal) Guarded
4. Posture: (Normal) Erect Guarded
   Tilts to right Tilts to left
   Sits easily Sits w/difficulty
5. Gait: (Normal) Limp Guarded
6. Peripheral Pulses:

	Right	Left
Radial	(Present) Absent	(Present) Absent
Dorsalis Pedis	(Present) Absent	(Present) Absent

7. Dipstick UA:
   Leukocytes ____ Nitrites ____
   Urobilinogen ____ Protein ____
   pH ____ Blood ____
   Sp. Gr. ____ Ketones ____
   Bilirubin ____ Glucose ____

Comments: n/a

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner if:

- Acute onset with loss of motion or function.
- Difficulty walking, numbness or severe pain, accompanying abdominal pain, abnormal vital signs, dark or bloody urine, temperature greater 101°F.
- Suspected fracture.

Cont'd on back

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, L.
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
3.18.03/7	Depression order — Nortriptyline tabs. 50mg x 30 days + 5 refills
6-10-03 PSH 3/18/03	Return in 3 mo.
3/18/03 8:10	noted — DPhillippi
3/18/03 815	HSRA Rec'd 3/18/03 c/o joint pain + requests refill of antacids Schedule NSC 3/19/03 — DPhillippi
3/19/03/1330	Here for NSC.
3-19-03 Arizona ✓	1). Antacids ++ Chewable tabs BID x 30 days KOP.
	2). Naproxen 500 BID x 30 days. V/O Reff. MD/ L Watkins LVN.
	Sign — in my 3/21/03 law LVN
3/19/03 1340	orders noted — BARRY [illegible] 89532 L Watkins

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

NURSING ASSESSMENT PROTOCOL
for
FUNGAL INFECTIONS
(Athletes Foot, Jock Rash, Ringworm)

Name: McCollum, Larry TDCJ#: 1105538 Date: 3/12/03 Time: 1500
Facility of Assignment: Cole Work Assignment: Yard
Current Medications: Zoloft, Naproxen, Nortriptyline
Allergies: (Food, drug, other) NKA

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Onset: Several Months
2. Cause of Rash: unknown
   Describe: dry, cracking of heels & under toes
3. Itching/Burning: N / Y
4. Alleviating factors: soaks / meds.
5. Aggravating factors: Wetness

OBJECTIVE DATA 237 lbs

NOTE: Observe all skin eruptions for signs of honey-colored cr... circular lesions. If present, refer patient to MD/MLP for evalua...n of possible staph infection.

1. T 98.6 P 70 R 20 B/P 128/76
2. Location of lesions(s):

		Left	Right	Bilateral
Arms		—	—	—
Hands		—	—	—
Legs		—	—	—
(Feet)		—	—	—
Groin		—	—	—
Trunk	Anterior	—	Posterior	—
Scalp		—	—	—

3. Skin Appearance/Lesion Description:

Redness	Swelling	Circular
(Cracking)	Papules	Linear
(Scaling)	Macules	Scattered

4. Drainage:
   (None) Purulent Serous Bloody

Comments: Foot soaks

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

TREATMENT PLAN 3/12/03 RHCMA

- Antifungal Cream 1%-apply bid topically to affected area for 30 days. Patient may keep medication on person (issue from stock). ____(initial)
- Instructions for use of cream: Use cream sparingly and evenly, only apply to the affected skin. If symptoms worsen, stop using cream, and submit sick call request.

Refer to Physician/Midlevel Practitioner immediately if:

- Unsuccessful treatment using antifungal cream
- Open lesions
- Sign of infection or drainage.

PATIENT INSTRUCTIONS:

- Encourage exposure to air when possible.
- Wear shower shoes in shower.
- Keep feet dry between showers, wash feet thoroughly, make sure feet are properly dry, especially between and under toes.
- Remind patient that it takes 3-4 weeks for infection to clear.

D. Watkins LVN 3/12/03
Nurse Signature Date

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
TDCJ No.: 1105538
Unit: CL

Date & Time	Notes
3/11/03 715	HSA 9 Rec'd 3/11/03 c/o cracks on feet
3/14/03	Scheduled NSC 3/12/03 — DPhillips RN
3/12/03	Change HSM-18, Add IV-B, Remove IV-C
1415	BILLY D. BURLESON, PSY. D.
3/12/03 1415	noted — DPhillips RN
3/12/03	1600 / Admefuro Soaks BID x 7 days ea foot. T/O Raff MD / DWatkins LVN
	Sign — 3/14/03 1100
3/12/03	2008 / note off. Watkins LVN 89952 82992
3/14/03	Chart Rev
	last rev 4/21/03
	but had LIFTING WTS 3/6/03
3/14/03	A good evidence of injury LBP
	P HSM 18 No II 2, III 7,
	IV 9 - 50 lb BARRY RAFF MD
	AM PM
3-14-03	1216 / noted [illegible]

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

00174

NURSING ASSESSMENT PROTOCOL
FOR
SKIN ERUPTIONS, BOILS AND ABSCESSES

Name: McCollum, Larry TDCJ#: 1105538 Date: 3-10-03 Time: 1450
Facility of Assignment: CL Work Assignment: Utility SQ
Current Medications: Sertraline / Nortriptyline, Naproxen, Antacid
Allergies: (Food, drug, othe r) _____

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Significant medical history: bumps on buttocks
2. Onset: 2 wks
3. Type of lesion, location, and course: bumps on butt
4. History of similar problems: (N) / Y
   Prior treatment: N/A

OBJECTIVE DATA

(**NOTE**:Always use gloves to examine skin lesions) WT 237 #

1. T 97° F P 66 R 19 B/P 144/85
2. Skin appearance:
   (Macules) (Papules) Vesicles Pustules
   Erythema Abscesses Excoriations
3. Location &size of lesion(s) (use ruler to measure)
   2 TO 3 mm macules in various stages of healing - mostly dried up
4. Drainage:
   Amount No Location ∅
   Color/consistency ∅
5. Pain or tenderness to touch? (N) / Y

Comments: See clinical notes

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner immediately if patient is immunocompromised.

TREATMENT PLAN:

- NO Refer any patient with skin eruptions (eczema, seborrhea, psoriasis) or boils, abscesses or other draining skin lesions to the Physician/Midlevel Practitioner for next day evaluation.
- Obtain wound culture and sensitivity on any open, draining skin lesion immediately.
- Apply a dry, sterile occlusive dressing to any open, draining boil, abscess, or skin lesion.
- Instruct patient to leave draining skin lesions covered, to minimize scratching of lesions, and to wash hands with soap and water after touching draining skin lesions.
- Provide pass for patient to return to medical department for daily dressing changes and antibiotic administration, as ordered by the physician. Observe the lesion(s) for clinical response to therapy and document in the health record.
- Antibiotic therapy for patient with methicillin resistant staph aureus (MRSA), must be administered in the medical department via Directly Observed Therapy (DOT).

Cont'd on back

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum Larry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
2/24/03 1045	HSA9 Rec'd 2/24/03 asking about glasses + wanting antacids increased. Chart will go to provider to eval V.A. Chart to provider requesting ↑ of antacids
2-25-03 chart HCP [illegible]	D Phillips RN
2-25-03	Rx: Antacid Compliance to provider
0735	M. [illegible] RN
2-25-03	Antacid Compliance 20/25 = 80%
1230	Rx: Take ~~compliance~~ antacids as directed Bid
	M. [illegible] RN, [illegible]
2/25/03 1240	noted —— D Phillips RN
3-6-03 1910	S- walkin to clinic c/o ~~[illegible]~~ pain to Ⓡ side of back, "I've been lifting wts. for about 1wk...probably over did it..TOOK 4 APAP"
	O- WT 236#, 97.4F, 139/83 BP, P63, R20
	- limp into medical
	- into BP chair ̄s grimace, ̄c difficulty
	A- alt in comfort - subj
	P- warm pack to back, instruct to continue naproxen
	(Left ̄p 10 min ̄c warm pack) J. Hime RN
3/8/03 1745	I-60 Rec'd 3/8/03 c/o rash Scheduled NSC
	3/10/03 —— D Phillips RN
3-10-03 1450	FOR NSC - SEE PROTOCOL - TPO TAO ½ pack to skin ~~op~~ BID X 7 DAYS - KOP - GIVEN B.Raff MD / J Hime RN
	[illegible] 3/[illegible]

Please sign each entry with status.

HSM - 1 (Rev. 5/92) 3-10-03 / 1510 noted off: J. Hime RN

Plaintiffs' MSJ Appx. 976

BARRY W. RAFF M.D.

J0174

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum Larry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
2/20/03 730	I-60 Rec'd 2/20/03 requesting glasses
	Scheduled NSC 2/24/03 - D Phillips RN
2-20-03 1750	S- for NSC - "had glasses in free world - frames came apart in here"
	O - wt 238#, 97°F, 133/77, R62, R19
	OS / OD / OU
	NEAR 20/50 20/30 20/25
	FAR 20/20 20/20 20/15
	A - vision
	P - refer chart to provider J. Hime RN
2-21-03/1155/	Here to see provider re: 148M-18 —
	Wt. 240 V/S 98² - 77 - 16 - 140/80 — [illegible]
	(290 lb @ intake) Nayn 100 9
	S [illegible] [illegible] [illegible] 759
	[illegible] [illegible] > [illegible]
	O [illegible] [illegible]
	A LBC [illegible] [illegible] + [illegible]
	[illegible] [illegible]
	[illegible] + [illegible] [illegible]
	P H Sm 18 II 02
	III 7 8 ([illegible]) 9 (2C4) 12, 17 (60d)
	d/c 20 821
	[illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

BARRY RAFF MD

Please sign each entry with status.

HSM - 1 (Rev. 5/92) 2-21-03/1955/ [illegible] AM PM

J0174

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCullum
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
2-18-03 1550	S) Here ~~for MSC c/o~~ error in cuffs for transient Physica for LID.
	Per HSM-14, Cleared for Ad-Seg, released to Security — S. McQuather LVN
2/19/03 13:30	S [illegible]
	O [illegible] who has a Hx of Major Depression at present seems to be able to deal [illegible] [illegible] Change Better.
	A Axis I Major Depression
	Axis II None
	Axis III Back pain, knee pain
	Plan 1) Continue [illegible] 2) F/U in [illegible] month
PS43-19-03 [illegible]	
2-19-03 1405	Noted — S. McQuather LVN
	BILLY D. BURLESON, PSY. D.
2/19/03 1625	Change HSM-18. Added IV-C
2-19-03 1630	Noted — S. McQuather LVN

Please sign each entry with status.

Plaintiffs' MSJ Appx. 978

HSM - 1 (Rev. 5/92)

00174

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum
TDCJ No.: 1165538
Unit: Cole

Date & Time	Notes
1/16/03	S [illegible]
	(was 310 lb)
	still LBP & knees
	Back "slips" - still [illegible]
	[illegible]
	[illegible] walk: [illegible]
	O - struggle to get up [illegible]
	[illegible] knee [illegible]
	DTR's [illegible] SLR ⊕ @ 80°
	A [illegible] chondromalacia patella
	LBP - pos DJD
	obesity - has made [illegible]
2/12/03 [illegible]	P. Naprosyn 500mg po BID x 30d
	antacid ii BID x 30d c meals
	RTC 3 mo
	BARRY RAFF MD
	AM PM 12
2-12-03/1240/	Noted [signature]
2-12-03/1240/	B/P Flow Sheet Returned to Chart
	[signature]
2/18/03 615	I-60 Rec'd 2/18/03 requesting antacids
	Response - go to pill window you
	are on antacids 2 tabs 2 x's daily
	D Phillips RN

Please sign each entry with status.

Plaintiffs' MSJ Appx. 979

HSM - 1 (Rev. 5/92)

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCullum
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
2-6-03 1400	BP flow sheet: BP normal most of the time Rx: No further orders m. Black RN, [illegible]
2-6-03	1400/ Noted [signature]
2/10/03 710	HSA9 Rec'd 2/10/03 "put glasses back together" Called to medical — [signature]
2-12-03	11:17 Appt = provider re: [illegible] 8-26-02 — [signature] Wt. 242 B/P 151/85 T 96.7 P 65 R 20 [signature]
2/12/03 11:37	S [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] Major Depress [illegible] [illegible]
2/12/03 [illegible]	Plan 1) DC [illegible] 2) [illegible] 50mg [illegible] q HS x 30 days [illegible] 3) RTC in 6 weeks [signature]

Please sign each entry with status.

Plaintiffs' MSJ Appx. 980

HSM - 1 (Rev. 5/92)

[illegible] Noted [signature]

UTMB CORRECTIONAL MANAGED CARE
MEDIC[illegible] & MENTAL HEALTH TRANSFER[illegible] EENING

NAME: McCullum TDCJ: 1105538 ALLERGIES: N/A

. Facility of Assignment Health Screening: Date: 2-4-03 Time: 0930 Facility: COLE

Current History of treatment for Health Problem or Chronic Condition? MEDICAL ☐ DENTAL ☐ MENTAL HEALTH ☐ SUBSTANCE ABUSE ☐

If yes, describe: Sky View Return.

Currently taking any medications? Yes ☑ No ☐ PRINT PASS ATTACHED: Yes ☑ No ☐

Direct Observed Therapy? Yes ☐ No ☑ Keep On Person? Yes ☐ No ☑

Do you have a current health care complaint? MEDICAL ☐ DENTAL ☐ MENTAL HEALTH ☐

If yes, describe:

GENERAL APPEARANCE: Clean ☑ Dirty ☐ Neat ☐ Sloppy ☐

SKIN: Cuts: Yes ☑ No ☐ Bruises: Yes ☐ No ☐ Sores: Yes ☐ No ☑

PHYSICAL DEFORMITIES: Yes ☐ No ☑

If yes, describe: On Finger tips.

OFFENDER'S PRESENT ORIENTATION: What is today's date? 2-4-03 Time? 0930

What place is this? COLE.

SPEECH: ☑ Fluent ☐ Mumbling ☐ Shouting ☐ Refuses to Talk ☐ Other:

BEHAVIOR: ☐ Angry ☐ Crying ☑ Cooperative ☐ Happy ☐ Other:

DO YOU HAVE CURRENT THOUGHTS ABOUT SUICIDE? Yes ☐ No ☐

HAVE YOU EVER TRIED TO KILL YOURSELF? Yes ☐ No ☐

OFFENDER SIGNATURE: [signature] DATE: 2-4-03

SCREENER SIGNATURE: B Sugleman MA DATE: 2-4-03

IV. Review of Offender' Health Record [illegible]

Date last PPD ☑ / CXR ☐: 7-12-02 X-rays Rec'd: YES ☐ NO ☑ Meds Rec'd YES ☑ NO ☐

Health Problems: Major Depression, Recurrent, Chronic, Psych Issues Mgmt.

Meds:

Lot naftabo 1% BID X 30 day KOP	Rec'd ☐	Exp'd ☐	MD Reorder ____
Risperidone 2.5mg T at 1500 X30	Rec'd ☐	Exp'd ☐	MD Reorder ____
Naproxen 250mg - po BID X 30	Rec'd ☐	Exp'd ☐	MD Reorder ____
Zoloft 100 - qam X 30 days	Rec'd ☐	Exp'd ☐	MD Reorder ____
	Rec'd ☐	Exp'd ☐	MD Reorder ____
	Rec'd ☐	Exp'd ☐	MD Reorder ____
	Rec'd ☐	Exp'd ☐	MD Reorder ____
	Rec'd ☐	Exp'd ☐	MD Reorder ____
	Rec'd ☐	Exp'd ☐	MD Reorder ____
	Rec'd ☐	Exp'd ☐	MD Reorder ____

Treatments, Special Care/Follow-up/Diets/Appointments:

F/U c psych 7 days — Returned from Skyview

DISPOSITION OF OFFENDER:

No health care needs or immediate referrals to medical necessary ☐

Referral to Medical: Routine Follow-up ☐ Emergency Medical Services ☐

Referral to Mental Health: Routine Follow-up ☐ Emergency Mental Health Services ☐

Referral to Dental: Routine Follow-up ☐ Emergency Dental Services ☐

Restrictions: Housing Lowerbunk

Work (III) #'s 5, 8, 9, 12, 17, 20, 21 Discipline Restrictions: Yes ☐ No ☑

Nurse Signature/Date/Time [signature] 2-4-03/1435

Physician Physician Extender Signature/Date/Time [illegible] MD, NP, CRNP 2-4-03: 1435

NURSING ASSESSMENT PROTOCOL FOR CONSTIPATION

Name: McCollum Larry TDCJ#: 1105538 Date: 2/2/03 Time: 23:30
Facility of Assignment: Beto 1 Work Assignment: Day
Current Medications: Nortriptyline, Sertraline, Naproxen
Allergies: (Food, drug, other) NKA

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Significant medical history: Ø
2. History recent abdominal surgery? N / Y
3. Stool:
   Hard ✓ Blood present ____ Formed ____
   Soft ____ Hard alternating with diarrhea ____
   Color Brown
   Frequency q 3 days
4. Date of last BM: 1/31/03
5. History or current GI Bleed: Ø
6. Nausea / Vomiting / Diarrhea: (circle) N/A
   Frequency ____
   Volume ____
   Color ____
7. Habit history:
   Smoking Alcohol Caffeine
8. Dietary Practices: WNL
9. History similar problem: N / Y
   What was done then? Ø
10. Current stressors: Ø

OBJECTIVE DATA

1. T 97 P 83 R 20 B/P 129/76 Wt 241 lbs.
   Weight loss/gain: Ø lbs. since Ø
2. Abdominal Auscultation:
   Bowel Sounds: ~~Normal~~ Hyperactive Hypoactive Absent
3. Abdominal Palpation:
   Distended ~~Soft~~ Rigid Guarding
   Rebound tenderness
   Location of tenderness: Ø
   Comments: Ø

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner immediately if:

- Temperature is greater than 101°F.
- Severe pain.
- Vomiting.
- Absent bowel sounds.
- Rigid abdomen.

Nurse Signature 2/2/03 Date

CL

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum Larry
TDCJ No.: 1109538
Unit: Beto

Lorre Elaine

Date & Time	Notes
2/2/03 23:30	S) Seen as walk in for c/o getting shocked earlier today; offender walks in and then starts talking about being constipated and ~~[illegible]~~ didn't mentioned being shocked until med. staff brought it up.
	O) 97', 135/76, 83, 20, #24, O2 sat 100%, HR good/strong; lungs CTA; no cyanosis noted; A+O x3
	A) Subj. Shock
	P) Nothing indicated @ this time; HSN-SD completed.
	[signature]

2003 FEB 13 PM 1:25

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

TDCJ HEALTH SERVICES DIVISION
NURSE'S CHAIN REVIEW

NAME: McCollum Harry TDCJ#: 110 5538

I. OUTGOING CHART REVIEW Date 1/29/03 Time 2300 Facility SV IV

Transfer to: B Allergies: None

Method and time of travel appropriate: YES ☑ NO ☐

Date last PPD ☐ / CXR ☐ _____ X-Rays sent: YES ☐ NO ☑ N/A ☐

Current Med Pass on chart: YES ☑ NO ☐ DOT: YES ☐ NO ☑ Meds sent: YES ☐ NO ☐ N/A ☐

Health Problems: Medical ☐ Dental ☐ Mental ☑

Special Diet: Hot, No

Treatment/Preps: None

Housing Restrictions: None Discipline Restrictions: YES ☐ NO ☑

Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☐ —

Pending Appts. / Follow-ups: —

Special Instructions given to transport personnel: YES ☐ NO ☑ N/A ☑

Nurse Signature/Date/Time M Barclay HW 1/29/03 2300

II. ENROUTE CHART REVIEW Date 1-30-03 Time 1415 Facility Bost

Allergies: NKA

On Meds: YES ☑ NO ☐ DOT: YES ☐ NO ☑ Meds sent: YES ☐ NO ☑ N/A ☐

Housing Restrictions: SR B2 Discipline Restrictions: YES ☐ NO ☑

Treatment / Preps: —

New Orders: —

New Medications On Computer: YES ☐ NO ☑

Pending Appointments: CRS CC Chart for Review to: CID ☐ Mental Health ☐ Dental ☐

Additional Comments: Return from Skyview Psych (53 yr)

Nurse Signature/Date/Time K. MAXWELL R.N. 1-30-03 1415 Physician/Physician Extender Signature/Date/Time 1-30-03 1415

III. FACILITY OF ASSIGNMENT: Date _____ Time _____ Facility _____

DOT: YES ☐ NO ☐ Allergies: _____

Health Diagnoses: _____

Meds:	Rec'd ☐	Exp'd ☐	MD Reorder
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

Treatments /Special Care / Follow-up / Diet / Appointments:

Chart for Review to: CID ☐ Mental Health ☐ Dental ☐ Add to Chronic Clinic: YES ☐ NO ☐

Restrictions: Housing _____

Work (III) #'s _____ Discipline Restrictions: YES ☐ NO ☐

Nurse Signature/Date/Time M Barclay HW 1/29/03 2300

Physician/Physician Extender Signature/Date/Time _____

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CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

lame: McCollum, Larry
TDCJ No.: 1195538
Unit: PV

Date & Time	Notes
1/27/03 2100	Nsg: Pt received ambulatory via chain from Duster Cole unit to Sky View Crisis Management. [illegible]
1/27.03 0800	C/m Note - Pt may have all C/m materials. [illegible signature]
1-27-03 1445	Nsg: Seen on CVM rounds standing @ window. Offers NC [illegible signature]
1/28.03 0815	C/m Note - D/C to UOA. [illegible signature]
1-29-03 1910	Nsg: Scheduled for ~~[illegible]~~ move to SV IV. B09. [illegible signature]
1/29/03 1500	Nsg: Rec'd to SV4 to await transport to UOA B Burch [illegible]
1-29-03 2230	Nsg: Pt will be released to security will be reassigned. J Williams LVN

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

TDCJ HEALTH SERVICES DIVISION
NURSE'S CHAIN REVIEW

NAME: McCollum, Lacey **TDCJ#:** 1055238

I. OUTGOING CHART REVIEW Date: _____ Time: _____ Facility: _____
Transfer to: _____ Allergies: _____
Method and time of travel appropriate: YES ☐ NO ☐ Medical Condition Appropriate for Travel: YES ☐ NO ☐
X-rays sent: YES ☐ NO ☐ N/A ☐ Current med pass on chart: YES ☐ NO ☐ **DOT:** YES ☐ NO ☐
Meds sent: YES ☐ NO ☐ N/A ☐ Health Problems: Medical ☐ Dental ☐ Mental ☐
Special Diet: _____
Treatment/Preps: _____
Housing Restrictions: _____ Discipline Restrictions: YES ☐ NO ☐
Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☐ _____
Pending Appts/Follow-ups: _____
Special Instructions given to transport personnel: YES ☐ NO ☐ N/A ☐
Nurse Signature/Date/Time: _____

II. ENROUTE CHART REVIEW Date: _____ Time: _____ Facility: _____
On Meds: YES ☐ NO ☐ Meds rec'd: YES ☐ NO ☐ **DOT:** YES ☐ NO ☐ X-rays rec'd: YES ☐ NO ☐
Housing Restrictions: _____
Treatment/Preps: _____
New Orders: _____
New Medications On Computer: YES ☐ NO ☐ Pending Appointments: _____
Chart for Review to: CID ☐ Mental Health ☐ Dental ☐
Additional Comments: _____
Nurse Signature/Date/Time: _____ Physician-PE Signature/Date/Time: _____

III. FACILITY OF ASSIGNMENT: Date: 1/27/03 Time: 2100 Facility: Skyview
DOT: YES ☐ NO ☒ Meds rec'd: YES ☐ NO ☒ Date last PPD ☒ / CXR ☐: 1/12/02 - mm
X-rays rec'd: YES ☐ NO ☒
Health Diagnoses: None Noted

Meds:	Rec'd	Exp'd	MD Reorder
Dolnaftate Cream apply Bid	☐	☐	_____
Protalone Homeopathic	☐	☐	_____
Doxepin 75mg Hs	☐	☐	_____
Lipitor 10mg Hs	☐	☐	_____
Zyprexa 2.5mg Hs	☐	☐	_____
Zyprexa 2.5mg Bid	☐	☐	_____
	☐	☐	_____
	☐	☐	_____
	☐	☐	_____
	☐	☐	_____

Treatments/Special Care/Follow-up/Diet/Appointments: None Noted
Chart to Review to: CID ☐ Mental Health ☐ Dental ☐ Add to Chronic Clinic: YES ☐ NO ☒
Restrictions: Housing _____ Work 17, 20, 21, 7, 8, 9, 12
Discipline: YES ☐ NO ☒
Nurse Signature/Date/Time: [illegible] LVN 1/27/03/2100
Physician-PE Signature/Date/Time: _____

HSN –1 (rev. 10/00)

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
1/22/03	Chart Rev
	MPL - [illegible] @ 290, now 250
	HSM 18 II 82
	III 7, 8, 9 12 17 20 27) x30
	BARRY RAFF MD
	AM 5 PM
1-22-03 / 1535	Noted [illegible]
1-24-03 / 1640	S - offender for pre-crisis management - transfer skyline
	O - see HSM -14
	A - PHD
	P - report called to Ms. Adams RN - leaving medical 1652
	J. Hime RN

Please sign each entry with status.

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00174

UTMB CORRECTIONAL MANAGED CARE
MEDICAL & MENTAL HEALTH TRANSFER SCREENING

NAME: McCollum Larry TDCJ: 1105538 ALLERGIES: NKDA

I. Facility of Assignment Health Screening: Date: 1-21-03 Time: 1200 Facility: CCC

Current History of treatment for Health Problem or Chronic Condition? MEDICAL ☑ DENTAL ☐
MENTAL HEALTH ☐ SUBSTANCE ABUSE ☐

If yes, describe: Skyview Return

Currently taking any medications? Yes ☑ No ☐ PRINT PASS ATTACHED: Yes ☑ No ☐
Direct Observed Therapy? Yes ☐ No ☑ Keep On Person? Yes ☐ No ☑
Do you have a current health care complaint? MEDICAL ☐ DENTAL ☐ MENTAL HEALTH ☐

If yes, describe: no

GENERAL APPEARANCE: Clean ☑ Dirty ☐ Neat ☐ Sloppy ☐
SKIN: Cuts: Yes ☐ No ☑ Bruises: Yes ☐ No ☑ Sores: Yes ☐ No ☑
PHYSICAL DEFORMITIES: Yes ☐ No ☑

If yes, describe:

OFFENDER'S PRESENT ORIENTATION: What is today's date? 1-21-03 Time? 1000
What place is this? Cole

SPEECH: ☑ Fluent ☐ Mumbling ☐ Shouting ☐ Refuses to Talk ☐ Other:

BEHAVIOR: ☐ Angry ☐ Crying ☑ Cooperative ☐ Happy ☐ Other:
DO YOU HAVE CURRENT THOUGHTS ABOUT SUICIDE? Yes ☐ No ☑
HAVE YOU EVER TRIED TO KILL YOURSELF? Yes ☐ No ☑

OFFENDER SIGNATURE: Larry McCollum DATE: 1-21-03
SCREENER SIGNATURE: D Phillips DATE: 1-21-03

IV. Review of Offender' Health Record

Date last PPD ☐ / CXR ☐: 7/02 X-rays Rec'd: YES ☐ NO ☑ Meds Rec'd YES ☐ NO ☑
Health Problems: Depression, backpain, Hepatitis C

Meds:			
Sertraline 100mg T qam	Rec'd ☐	Exp'd ☐	MD Reorder
Nortriptyline 75mg T @ 1500	Rec'd ☐	Exp'd ☐	MD Reorder
Naproxen 250mg i BID	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder

Treatments/Special Care/Follow-up/Diets/Appointments: f/u c provider - psych < 7 days
see order 1/22/03

DISPOSITION OF OFFENDER:
No health care needs or immediate referrals to medical necessary ☐
Referral to Medical: Routine Follow-up ☐ Emergency Medical Services ☐
Referral to Mental Health: Routine Follow-up ☐ Emergency Mental Health Services ☐
Referral to Dental: Routine Follow-up ☐ Emergency Dental Services ☐

Restrictions: Housing Low bunk
Work (III) #'s 7, 8, 9, 12, 17, 20, 21 Discipline Restrictions: Yes ☐ No ☑
Nurse Signature/Date/Time D Phillips 1/21/03 1105
Physician/Physician Extender Signature/Date/Time [illegible] 1/22/03

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

me: McCallum, Larry
TDCJ No.: 1105538
Unit: BI

Date & Time	Notes
1/18/03 0710	(S) Call to wing 2° offender on floor. (O) Upon arrival offender ambulating ↓ from 3 row. c/o feels like vomiting. c/o no contact from family. c/o scared of prison. states he wants to stay at SV. Unable to get here pt. but also states this happened in the world. c/o his unit to far from home. See HSN-23. c/o knee pain. Wants 1 row. (A) subjective c/o nausea / MH issues. (P) Tx. per HSN-23. Advised will report to psych for other issues & should submit SCR for c/o knee pain. S. Pierson RN
1/18/03 0800	(S) HSA-9 req. request eval. for 1st floor restriction. (P) Advised address this at UCA S. Pierson RN

Please sign each entry with status.

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NURSING ASSESSMENT PROTOCOL
FOR
VOMITING

Name: McCollum, Larry TDCJ#: 1105538 Date: 11/18/03 Time: 0710
Facility of Assignment: B1 Work Assignment: N/A transient
Current Medications: Zolnaftate, Antacids, Zoloft, Pamalor, Naproxen
Allergies: (Food, drug, other) NKDA

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Onset/Course: yesterday
2. History of similar problem: N (Y)
   How treated: _____
3. General medical history: chronic low back pain.
4. Smoking: (N) Y
5. Caffeine intake: 2-3 c. q.d.
6. Alcohol intake history: Hx. alcoholism
7. Recent abdominal surgery: Ø
8. Abdominal Pain: N (Y)
   Location all over Onset @ 1 mo.
   Frequency constant Radiating —
   Duration — Intensity —
   Describe: States this happened on work also.
9. Appetite: Normal ✓ Decreased _____
   Time of last meal 11/18/03 breakfast
   Food ingested don't remember
10. Normal Dietary Practices: 1-2 meals q.d.
11. Normal Bowel Habits: Soft ✓ Hard _____
    Frequency 1-2 q.d.
    Characteristics loose
12. Family History: _____

OBJECTIVE DATA

1. T 98 P 96 R 18 B/P 108/78 Wt 153 lbs.
   Weight loss/gain 1 lbs. since 11/13/03
2. Skin:
   (Warm) Hot Moist (Dry)
   Diaphoretic Bruises Petechiae Hematoma
   Color:
   (Normal) Pale Flushed Gray
   Cyanotic Jaundice
   Turgor Normal Tenting
3. Abdominal Inspection:
   Distended (Flat) Hypoactive Absent
4. Abdominal Auscultation:
   Bowel sounds: (Normal) Hyperactive
5. Abdominal Palpation:
   Distended (Soft) Rigid Guarding Tenderness
   Location of tenderness: N/A
6. Describe any observed vomiting: N/A

Comments: _____

Cont'd on bac

TDCJ HEALTH SERVICES DIVISION
NURSE'S CHAIN REVIEW

NAME: McCollum, Larry TDCJ#: 1105538

I. OUTGOING CHART REVIEW Date 1-15-03 Time 2230 Facility SV

Transfer to: B Allergies: NKA

Method and time of travel appropriate: YES ☑ NO ☐

Date last PPD ☑ / CXR ☐ 7-10-02 X-Rays sent: YES ☐ NO ☑ N/A ☐

Current Med Pass on chart: YES ☑ NO ☐ DOT: YES ☐ NO ☑ Meds sent: YES ☐ NO ☐ N/A ☐

Health Problems: Medical ☑ Dental ☐ Mental ☑

Special Diet: Ø

Treatment/Preps: Ø

Housing Restrictions: Ø Discipline Restrictions: YES ☐ NO ☑

Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☐ Ø

Pending Appts. / Follow-ups: Ø

Special Instructions given to transport personnel: YES ☐ NO ☐ N/A ☑

Nurse Signature/Date/Time J. Williams LVN 1-15-03 2230

II. ENROUTE CHART REVIEW Date 1/16/03 Time 1450 Facility B1

Allergies: NKDA

On Meds: YES ☑ NO ☐ DOT: YES ☐ NO ☑ Meds sent: YES ☐ NO ☑ N/A ☐

Housing Restrictions: Ø Discipline Restrictions: YES ☐ NO ☑

Treatment / Preps: Ø

New Orders: Ø

New Medications On Computer: YES ☐ NO ☑

Pending Appointments: Ø Chart for Review to: CID ☐ Mental Health ☐ Dental ☐

Additional Comments: Ø

Nurse Signature/Date/Time S. Pierson RN 1/16/03 1450 Physician/Physician Extender Signature/Date/Time K. Ford MD 1/16/03 1450

III. FACILITY OF ASSIGNMENT: Date ____ Time ____ Facility ____

DOT: YES ☐ NO ☐ Allergies: ____

Health Diagnoses: ____

Meds:	Rec'd ☐	Exp'd ☐	MD Reorder ____
	☐	☐	____
	☐	☐	____
	☐	☐	____
	☐	☐	____
	☐	☐	____
	☐	☐	____
	☐	☐	____
	☐	☐	____
	☐	☐	____

Treatments /Special Care / Follow-up / Diet / Appointments:

Chart for Review to: CID ☐ Mental Health ☐ Dental ☐ Add to Chronic Clinic: YES ☐ NO ☐

Restrictions: Housing ____

Work (III) #'s ____ Discipline Restrictions: YES ☐ NO ☐

Nurse Signature/Date/Time ____

Physician/Physician Extender Signature/Date/Time ____

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CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

me: McCollum, L.
TDCJ No.: 1165538
Unit: SV

Date & Time	Notes
01/10/03 1405	Chain in from CL unit for SV CM admit due to threatening suicide, arrived via chain van ambulatory to unit. Cooperative with interview. — C Alamshan
1/13/03 0915	Give all c/m matresses & paper trays. Wilkins us/RP
1-13-03 1015	Nsg: (S) — Seen in OSC sick call for c/o tongue laceration. Pt. states "I was hit in the jaw by another offender" (O) — V/S 147/82-60-18-97.4, wt. 254, resp. even/unlabored, this pt has a large skin flap raised on top (R) side of tongue, ϕ bleeding noted, pt. voices able to eat & drink on (L) side, ϕ S/S of infection @ this time, pt. c/o pain. (A) — seen in sick call for assessment of tongue lasceration. (P) — Referred to M.D. for orders recommend — T. Lexington LVN
1-13-03 1050	(1) Naproxen 250 mg ÷ tab po bid X-30 days
	(2) Diluted Peroxide Sol. Swish + Spit bid X-7 days
pic	(3) F/u for Re-check of Tongue Lasceration (1-20-03) — scheduled
	V.O. Dr. Crawford / T. Lexington LVN
	JOE D. CRAWFORD M.D. 1-13-03 1230
	Noted 1-13-03 1630 J. Flores
1/13/03	refused vital signs — M Sanchez LVN
1/15/03 0815	Discharge c/m and Return to UofA. Dx 296.36
	C/M discharge summary completed Wilkins us/RP
1-13-03	2300 Released to security. Chaining out to UOA. — Williams LVN

Please sign each entry with status.

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30174

TDCJ HEALTH SERVICES DIVISION
NURSE'S CHAIN REVIEW

NAME: Mc Collum, Larry **TDCJ#:** 1105538

I. OUTGOING CHART REVIEW Date: _____ Time: _____ Facility: _____
Transfer to: _____ Allergies: _____
Method and time of travel appropriate: YES ☐ NO ☐ Medical Condition Appropriate for Travel: YES ☐ NO ☐
X-rays sent: YES ☐ NO ☐ N/A ☐ Current med pass on chart: YES ☐ NO ☐ **DOT:** YES ☐ NO ☐
Meds sent: YES ☐ NO ☐ N/A ☐ Health Problems: Medical ☐ Dental ☐ Mental ☐
Special Diet: _____
Treatment/Preps: _____
_____
Housing Restrictions: _____ Discipline Restrictions: YES ☐ NO ☐
Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other ☐ _____
Pending Appts/Follow-ups: _____
Special Instructions given to transport personnel: YES ☐ NO ☐ N/A ☐
Nurse Signature/Date/Time: _____

II. ENROUTE CHART REVIEW Date: _____ Time: _____ Facility: _____
On Meds: YES ☐ NO ☐ Meds rec'd: YES ☐ NO ☐ **DOT:** YES ☐ NO ☐ X-rays rec'd: YES ☐ NO ☐
Housing Restrictions: _____
Treatment/Preps: _____
_____
New Orders: _____
_____
New Medications On Computer: YES ☐ NO ☐ Pending Appointments: _____
Chart for Review to: CID ☐ Mental Health ☐ Dental ☐
Additional Comments: _____
_____
Nurse Signature/Date/Time: _____ Physician-PE Signature/Date/Time: _____

III. FACILITY OF ASSIGNMENT: Date: 01/10/03 Time: 1405 Facility: SC
DOT: YES ☐ NO ☑ Meds rec'd: YES ☐ NO ☑ Date last PPD ☑ / CXR ☐: 07/02 Clear
X-rays rec'd: YES ☐ NO ☐
Health Diagnoses: Major Dep D/O, Age, Obesity, Chronic low back pain.
_____
_____

Meds:	Rec'd	Exp'd	MD Reorder
Tolfenamic Acid Cream	☐	☐	_____
Naproxen 500 mg po BID x 30 d	☐	☐	_____
Antacid tabs po BID	☐	☐	_____
Sertraline 100 mg po QD HS x 30 d	☐	☐	_____
PCN VK 500 mg po BID x 7 d	☐	☐	_____
Chlorpheniramine 8 mg po BID x 7 d	☐	☐	_____
Norethindrone 5 mg po QD	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____
_____	☐	☐	_____

Treatments/Special Care/Follow-up/Diet/Appointments:
F/u tongue injury @ HSC.
_____
_____
Chart to Review to: CID ☑ Mental Health ☑ Dental ☐ Add to Chronic Clinic: YES ☐ NO ☑
Restrictions: Housing 0 Work ~~Full~~ 20
Discipline: YES ☐ NO ☑
Nurse Signature/Date/Time: C Adams LVN 01/10/03 1430
Physician-PE Signature/Date/Time: _____

HSN –1 (rev. 10/00)

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCallum, L.
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
1-803/0650/HSA-9/Rec today / Stitches in tongue came out last night — Yours clear Will be ref. to Dental — Jfernandez Seen 1-803 JF	
1/08/03 8:15	S I can't sleep, I was attacked and since then I feel very insecure O the pt at present c problems deales with the tongue is secured and now feels very anxious about the whole situation. Pt quite upset about the event. Dances beauy in pain A Axis I Major Depression II None III None Plan 1) DC Nortriptyline 2) Nortriptyline 75 mg + at 3 PM x 30 days MR x 5 3) F/U MH 3 weeks 1-803 JF MH 1-24-03 PSYCH
1-803/0900/ noted JFernandez RN	

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

.0174

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Jerry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
1/5/03 1205	S. Offender to medical following fight w another offender - cut tongue O. cut 2 IOT 96 9 B/P 175/104 P 114 R 20 1" laceration on top Rt side of tongue bruise on (L) side of face A. Alteration in Comfort P. ice, contact provider for further orders — DR Phillips RN
1-5-03 1400	SPOKE W DR NETTERY : ORDERS FOLLOW —
1-5-03 1400	TPO : SCHEDULE TO SEE 1-6-03 FOR EVALUATION
1-5-03 1400	- MOTRIN 600 mg PO BID X 3 DAYS START NOW done dt
1-5-03 1400	- TAKE TYLENOL FROM PICKET III PO AT NOON & HS
1-5-03 1400	- CLEAR LIQUID DIET — NO DAIRY THRU 1-6-03 PM
1-5-03 1400	- RTC IF BLEEDING RE-OCCURS OR PAIN NOT MANAGED
	DR NETTERY, DDS / J. Hime RN
1-5-03 1420	noted off: J. Hime RN — x DR Nettery DDS 1-6-03 1300
1/6/03 1300	(1) D/C Motrin, 600 mg as started 1/5/03
	(2) Paraflex, 500 mg, T, BID x 5 Days - start today
	(3) Penicillin VK, 500 mg, T, BID x 7 Days - start today
1-6-03 1300	noted — DR Nettery, DDS

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

NURSING ASSESSMENT PROTOCOL
FOR
UPPER RESPIRATORY
(Cold Symptoms, Cough, Flu, Sinus, Sore Throat)

Name: McCollum, Larry TDCJ#: 1105538 Date: 1/2/03 Time: 1450
Facility of Assignment: Cole Work Assignment: Utility Squad
Current Medications: antihistamine, Zoloft, naproxen, Nortriptyline Amitriptyline
Allergies: (Food, drug, other) _____

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Patient complaint: C/O runny nose Cough, Scratchy throat
2. Date of onset: _____
3. EENT Symptoms:
   Sneezing ~~Nasal Discharge~~
   Tearing Facial Pain
   Headache Sore Throat
   Earache Hoarseness
   Nasal Stuffiness
4. Shortness of breath:
   At rest On exertion
   Uneven chest wall movement: N / Y
5. Cough: ~~None~~ ~~Chronic~~ Dry ~~Productive~~
   Color and consistency of Sputum N/A
6. History of Smoking: N / Y
   Packs per day 1 ppd
7. History of positive PPD: N / Y
   Date _____

WT 230

OBJECTIVE DATA

1. T 96 P 61 R 20 B/P 119/79
2. Eyes: Normal Tearing Injected
   Periorbital Edema
   Conjunctiva appearance WNL
3. Ears: external canal:
   Right - ~~Normal~~ Red Swollen Drainage
   Left - Normal Red Swollen Drainage
   Describe drainage if other than cerumen:
   N/A

Tympanic membrane:
Right - Pearly gray Dull Red Bulging
Left - Pearly gray Dull Red Bulging

Hearing Acuity:
Right - Normal Reduced Absent
Left - Normal Reduced Absent

4. Nasal Mucosa: Normal Pale Cyanotic
   Reddened Edematous
   Discharge color & amount Clear
5. Throat: ASSESS WITH CAUTION
   Color - Normal Red Pale Petechiae Ulceration
   Tonsils - Normal Absent Exudative
   Swollen Reddened White Yellow
   Swallowing - Normal Unable to swallow
   Voice Quality - Normal Nasal Hoarse
   Breath - Normal Foul Fruity
6. Neck: Able to touch chin to chest? N / Y
   Cervical Nodes - Normal Tender Enlarged
7. Thoracic:
   Respirations - Normal Deep
   Shallow Labored
   Chest wall movement -
   Equal Unequal Retracting

Breath Sounds -	Left Chest	Right Chest
Clear	✓	✓
Wheezes		
Crackles		
Diminished		

8. Generalized Symptoms:
   Skin - Warm Hot Dry Moist
   Cool Flushed Pale
   Turgor Tenting Normal

Comments: WNL

Cont'd on back

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum Kenny
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
1/1/03 1230	I-60 Rec'd 1/1/03 c/o chg cough + sore throat Scheduled NSC 1/2/03 — D Phillips RN
1/2/03 1450	S/ Here for NSC c c/o cold — D/ See protocol — L McDuffie RN

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
12/18/02 9:15	S the pt still [illegible] "[illegible] legs" at HS
	① the pt at present seems to be responding to tx at present able to deal c̄ stressors pt still c̄ problems c̄ sleep and unable to deal c̄ stress we will [illegible] the Nortriptyline to 50mg qhs
	Δ Axis I Major Depress
	Axis II None
	Axis III None
12/18/02 [illegible] psy 1-8-03 [illegible]	Plan ① Nortriptyline 50mg qHS X 30 days MR X 2
	3) RTC in 3 weeks.
	[signature]
12/18/02 1300	noted ——— DPhillips RN
12/19/02 705	I-60 Rec'd 12/19/02 requesting antacids R/t meds on empty stomach Chart to provider ——— DPhillips RN
Chart in [illegible] 12-20-02	
12 [illegible]	Antacids as [illegible]
12/20/02 [illegible]	antacid tab ii po BID c̄ Naprosyn x 30 d [illegible]

JARRY RAFF [illegible]

Please sign each entry with status.

Plaintiffs' MSJ Appx. 998

HSM - 1 (Rev. 5/92) 12/20/02 [illegible]

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

ame: Mc Collum, Larry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
12-12-02	Contd
0820	(P) 1) dc Salsalate JH
12-12-02	2) Naproxen 500 mg 1 Po. bid x 30d JH — REQUISITION COMPLETED JH
	3) X Ray L/S & bil. knees
	4) No Ds HSM ... M. Black RN, ...
12-12-02 0855	noted off: J. Hime RN

Please sign each entry with status.

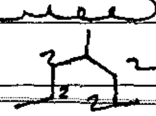
Plaintiffs' MSJ Appx. 999

HSM - 1 (Rev. 5/92)

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum Larry
TDCJ No.: 1105536
Unit: Cole.

Date & Time	Notes
12-?-02	Cont'd
0820	(S) Back Pain & Bilat. knees pain, has been losing wt on purpose by ↓ food intake.
	(O) normal gait
	Back: full flexion to 2" to the touch
	gets upon exam table ⌀ difficulty:
	or grimacing
	while on exam table:
	Bil full leg extension ⌀ grimacing
	or hesitation
	Bil. upper & lower leg strength 2/2
	DTR: WNL: 
	Entire back exam ⌀ back spasms
	Knees: Bil:
	No redness or effusion or deformity
	full ROM ⌀ crepitus or grimacing
	Lachman's test: neg
	McMurray test: neg
	Ant & Post. drawer test neg
	Med Rev: ~~Naproxen~~ Salsalate compliance
	25̄20
	(A) Back Pain Subjective
	Bil. knee Pain Subjective
	Cont

Please sign each entry with status. Plaintiffs' MSJ Appx. 1000

HSM - 1 (Rev. 5/92)

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

me: McCollum, Jerry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
12/11/02 15:00	S/ inmate complains of Rest O the Pt is a 49 y/o W/M who has a Hx of Depression Pt was given referral Pt seen for refusing medications movements and having problem of anxiety, Recently has deaths in the family Dreams about brothers death. Pt seems to be distressed about brothers Myeloma. A I Major Depression II none III none Plan 1) Nortriptyline 25mg ~~1~~ 2 HS x 30 days MR x 2 2) RW in one week
12-11-02 Attend ✓ Psyc 12-18-02 mmk	
12-11-02 1545	noted off: J. Hime RN 0630 Appt c provider RE: Robert MD Wt 234 T 97.7 B/P 131/82 P 71 R/S BS clear
	Contd

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

NURSING ASSESSMENT PROTOCOL FOR MUSCULOSKELETAL SYMPTOMS

Name: McCallum, Larry TDCJ#: 1105538 Date: 12/9/02 Time: 1510
Facility of Assignment: Coffield Work Assignment: Kitchen
Current Medications: Zoloft, Salsalate, Salmeterol
Allergies: (Food, drug, other) NKA

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Significant medical history: C/O back and knee pain, why restrictions WC'd
2. Pain:
   Location: back/knees Onset: years
   Frequency: daily Duration: constant
   Radiation: no Where:
   Intensity: Mild (Moderate) Severe
3. Precipitating factors: unknown
4. Recent trauma? (N) Y
   Surgery? (N) Y
   Strenuous Physical Activity? (N) Y
5. History similar problem? N (Y)
   What was done then? meds
6. History of arthritis? (N) Y
7. Family history: N/A

WT 240

OBJECTIVE DATA

1. T 97° P 53 R 20 B/P 134/76
2. Joints: Normal (Stiffness) Redness
   Hot (Swelling)

Range of Motion: Affected Joint(s)

	Full	Limited	Absent
Right Leg			
Left Leg			
Right Arm			
Left Arm			
Neck			
Back:			
Anteflexion		/	
Dorsiflexion		/	
L. Lat Flexion		/	
R Lat. Flexion		/	

3. Movement: (Normal) Guarded
4. Posture: (Normal) Erect Guarded
   Tilts to right Tilts to left
   Sits easily Sits w/difficulty
5. Gait: (Normal) Limp Guarded
6. Peripheral Pulses:

	Right	Left
Radial	(Present) Absent	(Present) Absent
Dorsalis Pedis	(Present) Absent	(Present) Absent

7. Dipstick UA:

Leukocytes	N	Nitrites	
Urobilinogen		Protein	
pH		Blood	
Sp. Gr.		Ketones	
Bilirubin		Glucose	

Comments: On Salsalate, now working in kitchen

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner if:

- Acute onset with loss of motion or function.
- Difficulty walking, numbness or severe pain, accompanying abdominal pain, abnormal vital signs, dark or bloody urine, temperature greater 101°F.
- Suspected fracture.

seen by CFNP appt 12/02 mds

Cont'd on back

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Lonny
TDCJ No.: 1105531
Unit: CM

Date & Time	Notes
12-2-02 0945	HSA 9 Recd 12-2-02 requesting CSP Scheduled NSC 12/3/02 — D Phillips RN
12-3-02 1510	S) Here for NSC c c/o needing CSP — O) WT 242 T 97.4 Bp 149/84 P53 R20 Smant of folliculitis. No active drainage. ↓face c redness irritation. — A) Skin Deficit — P) CSP to ↓ face et neck X90 days S McDonald RN
12/8/02 1000	HSA 9 Recd 12/8/02 requesting check up for knees + back pain Scheduled NSC 12/9/02 — D Phillips RN
12-9-02 1510	S) Here for NSC c c/o back and knee pain wanting to know why restrictions lifted and now working in the Kitchen — P) See protocol, refer to protocol S McDonald

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

NURSING ASSESSMENT PROTOCOL
for
FUNGAL INFECTIONS
(Athletes Foot, Jock Rash, Ringworm)

Name: McCollam, Larry TDCJ#: 1105538 Date: 11-16 Time: 1000.
Facility of Assignment: Cole. Work Assignment: Utility
Current Medications: Sertraline / Salt Sol
Allergies: (Food, drug, other) ∅
[illegible] dated 11/16

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Onset: athlete foot.
2. Cause of Rash: heat / humid / darkness.
   Describe: —
3. Itching/Burning: N/Y
4. Alleviating factors: [illegible]
5. Aggravating factors: heat / [illegible] / darkness.

OBJECTIVE DATA

NOTE: Observe all skin eruptions for signs of honey-colored crusted, circular lesions. If present, refer patient to MD/MLP for evaluation of possible staph infection. Wt. 260

1. T 97 P 50 R 20. B/P 142/78
2. Location of lesions(s):

	Left	Right	Bilateral
Arms	__	__	__
Hands	__	__	__
Legs	__	__	__
Feet	__	__	✓
Groin	__	__	__
Trunk Anterior __		Posterior __	
Scalp	__	__	__

3. Skin Appearance/Lesion Description:
   Redness Swelling Circular
   Cracking Papules Linear
   Scaling Macules Scattered
4. Drainage:
   None Purulent Serous Bloody

Comments: none

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

TREATMENT PLAN

- ✓ Antifungal Cream 1%-apply bid topically to affected area for 30 days. Patient may keep medication on person (issue from stock). C (initial) [illegible]
- Instructions for use of cream: Use cream sparingly and evenly, only apply to the affected skin. If symptoms worsen, stop using cream, and submit sick call request.

Refer to Physician/Midlevel Practitioner immediately if:

- Unsuccessful treatment using antifungal cream
- Open lesions
- Sign of infection or drainage.

PATIENT INSTRUCTIONS:

- Encourage exposure to air when possible.
- Wear shower shoes in shower.
- Keep feet dry between showers, wash feet thoroughly, make sure feet are properly dry, especially between and under toes.
- Remind patient that it takes 3-4 weeks for infection to clear.

[signature] 11/16/02
Nurse Signature Date

HSM-16 (Rev. 4/99)

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
10/2/02 855	I-60 Rec'd 10/2/02 Requesting pain med &
10:40 chart pmd 8	renewal Chart to provider - DPhillips LVN
10-4-02	I-60/0720/ have chronic knee pain need to refill medication - Your chart is going to provider today ——— [illegible]
	130 92%
10/4/02	Chart Rev [illegible] 90
	see above request
10/4/02 [illegible]	Δ chondromalacia patella
	P. Salsalate 500mg II PO BID x 30 L refill [illegible]
	JARRY RAFF MD
10-4-02	/1335/ noted [illegible]
10/22/02 705	HSA 9 Rec'd 10/22/02 Request CSP
	Scheduled NSC 10/23/02 ——— DPhillips LVN
10/23/02	/1530/ Refusal signed for NSC. ——— SWatkins LVN
10/29/02	0934/ Hep B Vac #3 given Im in Rt deltoid muscle ——— [illegible]
11/15/02 1040	I-60 Rec'd 11/15/02 c/o athletes feet + needing nails clipped Scheduled NSC 11/16/02 ——— DPhillips LVN

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
5 Sep 02 1313	S: Has done well on Zoloft & wants to continue
	O: Oriented X4 Compliance 100%
	A: Major depression
10-1-02 BS	P: Zoloft 100 mg in AM x30 AR X5 start 1 Oct 02
	Has "jumpy" c̄ clear cause. "it's not just a little twitch." JOHN S. FORD, M.D. UNIT PSYCHIATRIST BUSTER COLE STATE JAIL
Noted 9-6-02	Change HSM-18 V-C
9/5/02	1430 / Noted / SWatkins LVN
6/02 / 1040	Hep B Vac #2 given IM in Rt deltoid muscle. Flu in 60 days for #3 Vac - [illegible]
11-1-02 CDB	
9/18/02 0740	Motrin, 600mg, i, BID x 6 Days. start today MJ Nethery DDS
9-18-02	/0935/ noted [illegible]
9/23/02	1-60 Rec'd 9/23/02 requesting diet tray
9-25-02 Chart/md 8	Chart to provider — DPhillips
9/25/0830	Cht rev. as d
	A: eat less BARRY RAFF MD
	P: DPH not indicated AM PM [stamp] 2002
9-26-02/0850	noted [illegible]
10-1-02 730	1-60 Rec'd 10/1/02 requesting med renewal Response- your sertraline was renewed — DPhillips R

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1006

HSM - 1 (Rev. 5/92)

J0174

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCallum, Larry
TDCJ No.: 1105538
Unit: CAL

Date & Time	Notes
8-26-02	0800/ Here to see provider re' Knee / back
	wt 280 V/S 98 57-18-135/87
	(290lb 7/26/02) 88%
	S Knee : sevl years - ... @ work going up & down steps.
	® wor - X-ray 2000
	Back : LBP x > 20 yrs. - ... on job 2002 during Forklift
	FW ...
	O mobil obese
	...
	...
	A ... LBP
	Chondromalacia patella ®
	morbid obesity
8-26-02	P ...
	...
	...
	... 6 mo
	... BARRY RAFF MD
2-12-03 MDG	AM PM AUG 2 8 2002
8-26-02 1040	noted

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

J0174

NURSING ASSESSMENT PROTOCOL
FOR
MUSCULOSKELETAL SYMPTOMS

Name: McCollum, Larry TDCJ#: 1105538 Date: 8-22-02 Time: 1630
Facility of Assignment: Cole Work Assignment: utility
Current Medications: Salsalate
Allergies: (Food, drug, other) NKA.

Circle all items that are appropriate and/or complete all blanks. Ⓡ knee + ankles. States arthritis

SUBJECTIVE DATA

1. Significant medical history: Knee + back problems.
2. Pain:
   Location: See above. Onset: Chronic
   Frequency: q.d. Duration: all day
   Radiation: none Where: none
   Intensity: (Mild) to Moderate (Severe)
3. Precipitating factors: Standing for long periods of time
4. Recent trauma? (N) / Y
   Surgery? (N) / Y
   Strenuous Physical Activity? N / (Y) going out to work everyday
5. History similar problem? N / (Y)
   What was done then? unresolved when I have to work.
6. History of arthritis? N / (Y)
7. Family history: unknown

3. Movement: (Normal) slower Guarded
4. Posture: (Normal) Erect Guarded Tilts to right Tilts to left Sits easily Sits w/difficulty
5. Gait: Normal (Limp) slight Guarded
6. Peripheral Pulses:

	Right	Left
Radial	Present / Absent	Present / Absent
Dorsalis Pedis	(Present) / Absent	(Present) / Absent

Dipstick UA: N/A
Leukocytes ____ Nitrites ____
Urobilinogen ____ Protein ____
pH ____ Blood ____
Sp. Gr. ____ Ketones ____
Bilirubin ____ Glucose ____

Comments: F.U. c̄ provider

OBJECTIVE DATA Wt 280

1. T 98.5 P 59 R 20 B/P 138/83
2. Joints: Normal (Stiffness) Redness Hot Swelling
   Range of Motion: Affected Joint(s)

	Full	Limited	Absent
Right Leg		✓	
Left Leg		✓	
Right Arm	✓		
Left Arm	✓		
Neck	✓		
Back:			
Anteflexion		✓	
Dorsiflexion		✓	
L. Lat Flexion		✓	
R Lat. Flexion		✓	

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner if:

- Acute onset with loss of motion or function.
- Difficulty walking, numbness or severe pain, accompanying abdominal pain, abnormal vital signs, dark or bloody urine, temperature greater 101°F.
- Suspected fracture.

Cell pass x 1 day

Cont'd on back

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Mc Collum Larry
TDCJ No. 1105538
Unit: Cl

Date & Time	Notes
8-7-02 - 1015	Post test counseling completed for Neg HIV results, questions answered. Verbal understanding of results — [illegible]
8-21-02 740	HSA9 Rec'd c/o chronic Knee & back pain Scheduled NSC 8/22/02 - D Phillips RN
8/22/02 1630	F.U. c provider for back & knee's. S Watkins LVN

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

0174

NURSING ASSESSMENT PROTOCOL
FOR
MUSCULOSKELETAL SYMPTOMS

Name: Mc Collum Larry TDCJ#: 1125535 Date: 8-4-03 Time: 1100
Facility of Assignment: Cole Work Assignment: Inside Utility
Current Medications: See med sheet
Allergies: (Food, drug, other) NKA

Circle all items that are appropriate and/or complete all blanks.

SUBJECTIVE DATA

1. Significant medical history: Hypertension, knee and ankle pains
2. Pain:
   Location Rt knee & ankle Onset 2 weeks
   Frequency Daily Duration On & off
   Radiation — Where:
   Intensity: (Mild) Moderate Severe
3. Precipitating factors: Walking, long standing, bends
4. Recent trauma? N / Y
   Surgery? N / Y
   Strenuous Physical Activity? N / Y
5. ~~History similar problem?~~ N / Y
   Chronic back & leg pain
   What was done then? pain meds
6. History of arthritis? N / Y
7. Family history: Unknown

3. Movement: (Normal) Guarded 2
4. Posture: (Normal) Erect Guarded
   Tilts to right Tilts to left
   Sits easily Sits w/difficulty
5. Gait: (Normal) ~~Limp~~ Guarded
6. Peripheral Pulses:

	Right	Left
Radial	Present	Present
	Absent	Absent
Dorsalis Pedis	(Present)	~~Present~~
	Absent	~~Absent~~

7. Dipstick UA:
   Leukocytes ____ Nitrites ____
   Urobilinogen ____ Protein ____
   pH ____ Blood ____
   Sp. Gr. ____ Ketones ____
   Bilirubin ____ Glucose ____

Comments: pt states he has been having pain & walking and has had knee & back problems prior,

OBJECTIVE DATA WT- 288

1. T 98 P 56 R 20 B/P 134/78
2. Joints: (Normal) ~~Stiffness~~ Redness
   Hot Swelling
   Range of Motion: Affected Joint(s)

	Full	Limited	Absent
Right Leg	✓		
Left Leg			
Right Arm			
Left Arm			
Neck			
Back:			
Anteflexion			
Dorsiflexion			
L. Lat Flexion			
R Lat. Flexion			

NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner if:

- Acute onset with loss of motion or function.
- Difficulty walking, numbness or severe pain, accompanying abdominal pain, abnormal vital signs, dark or bloody urine, temperature greater 101°F.
- Suspected fracture.

Cont'd on back

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, L
TDCJ No.: 1185538
Unit: Cole

Date & Time	Notes
8-3-02/1030	HSA 9/ pain swelling Knees/ankles NSC 8-4-02 —— [signature]
8-4-02 1100	Here for NSC - See HSN-17 ~~[illegible]~~ Protocol —— [signature]

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1011

HSM - 1 (Rev. 5/92)

MEDICAL & MENTAL HEALTH TRANSFER SCREENING

NAME: McCollum, Larry TDCJ: 1105538 ALLERGIES: NKDA

III. Facility of Assignment Health Screening: Date: 8-1-02 Time: 1010 Facility: CSU

Tent History of treatment for Health Problem or Chronic Condition? MEDICAL ☑ DENTAL ☐ MENTAL HEALTH ☐ SUBSTANCE ABUSE ☐

If yes, describe: Arthritis

Currently taking any medications? Yes ☑ No ☐ PRINT PASS ATTACHED: Yes ☑ No ☐
Direct Observed Therapy? Yes ☐ No ☑ Keep On Person? Yes ☐ No ☑
Do you have a current health care complaint? MEDICAL ☐ DENTAL ☐ MENTAL HEALTH ☐

If yes, describe: NO

GENERAL APPEARANCE: Clean ☑ Dirty ☐ Neat ☐ Sloppy ☐
SKIN: Cuts: Yes ☐ No ☑ Bruises: Yes ☐ No ☑ Sores: Yes ☐ No ☑
PHYSICAL DEFORMITIES: Yes ☐ No ☑

If yes, describe:

OFFENDER'S PRESENT ORIENTATION: What is today's date? 8/1/02 Time? 1010

What place is this? Cole

SPEECH: ☑ Fluent ☐ Mumbling ☐ Shouting ☐ Refuses to Talk ☐ Other:

BEHAVIOR: ☐ Angry ☐ Crying ☑ Cooperative ☐ Happy ☐ Other:
DO YOU HAVE CURRENT THOUGHTS ABOUT SUICIDE? Yes ☐ No ☑
HAVE YOU EVER TRIED TO KILL YOURSELF? Yes ☐ No ☑

OFFENDER SIGNATURE: [signature] **DATE:** 8-1-02

SCREENER SIGNATURE: [signature] **DATE:** 8-1-02

Review of Offender' Health Record

Date last PPD ☑ / CXR ☐ : 7-02 / 16 **X-rays Rec'd: YES ☐ NO ☑ Meds Rec'd YES ☐ NO ☑**

Health Problems: Major Depression Dis. Recurring, Gage. Gross obesity, Chronic low back pain

Meds:				
Sertraline 100mg	Exp. 9-30-02 Rec'd ☐	Exp'd ☐	MD Reorder
Salsalate 500mg	9-29-02 Rec'd ☐	Exp'd ☐	MD Reorder
Engerix-B Vac	12-29-02 Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder
	Rec'd ☐	Exp'd ☐	MD Reorder

9-2-02 CID18 8-7-02 CID8

Treatments/Special Care/Follow-up/Diets/Appointments:
None Triage = mental health. CID Post for Counseling
Hep B #2 by 9-2-02.

DISPOSITION OF OFFENDER:
No health care needs or immediate referrals to medical necessary ☐
Referral to Medical: Routine Follow-up ☐ Emergency Medical Services ☐
Referral to Mental Health: Routine Follow-up ☑ Emergency Mental Health Services ☐
Referral to Dental: Routine Follow-up ☐ Emergency Dental Services ☐

Restrictions: Housing B #2
Work (III) #'s 3, 4, 7, 8, 9, 12, 17, 20, 21 Discipline Restrictions: Yes ☐ No ☑
Nurse Signature/Date/Time [signature] 8-1-02 / 1200
Physician/Physician Extender Signature/Date/Time

MARIE D. BLACK RN CGNP

TDCJ HEALTH SERVICES DIVISION
NURSE'S CHAIN REVIEW

NAME: Mc Cullum **TDCJ#:** 1105538

I. OUTGOING CHART REVIEW Date: 7-29-02 Time: 2000 Facility: HU
Transfer to: ND Allergies: NKA
Method and time of travel appropriate: YES ☑ NO ☐ Medical Condition Appropriate for Travel: YES ☑ NO ☐
X-rays sent: YES ☐ NO ☐ N/A ☑ Current med pass on chart: YES ☑ NO ☐ **DOT:** YES ☐ NO ☑
Meds sent: YES ☑ NO ☐ N/A ☐ Health Problems: Medical ☑ Dental ☐ Mental ☐
Special Diet: ∅
Treatment/Preps: ∅
Housing Restrictions: B-2 Discipline Restrictions: YES ☐ NO ☑
Crutches ☐ Cane ☐ Walker ☐ Wheelchair ☑ Other ☐
Pending Appts/Follow-ups: 8-2002 DO
Special Instructions given to transport personnel: YES ☐ NO ☐ N/A ☑
Nurse Signature/Date/Time: Connell 7-29-02 2000

II. ENROUTE CHART REVIEW Date: 7-30-02 Time: 1600 Facility: ND
On Meds: YES ☒ NO ☐ Meds rec'd: YES ☐ NO ☒ **DOT:** YES ☐ NO ☒ X-rays rec'd: YES ☐ NO ☒
Housing Restrictions: B 2
Treatment/Preps:
New Orders:
New Medications On Computer: YES ☐ NO ☐ Pending Appointments:
Chart for Review to: CID ☐ Mental Health ☐ Dental ☐
Additional Comments: S. EMSOFF LVN
E @ 1600
Nurse Signature/Date/Time: JULY 30 2002 Physician-PE Signature/Date/Time:

III. FACILITY OF ASSIGNMENT: Date: Time: Facility:
DOT: YES ☐ NO ☐ Meds rec'd: YES ☐ NO ☐ Date last PPD ☐ / CXR ☐ :
X-rays rec'd: YES ☐ NO ☐
Health Diagnoses:

Meds:	Rec'd ☐	Exp'd ☐	MD Reorder
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

Treatments/Special Care/Follow-up/Diet/Appointments:
Chart to Review to: CID ☐ Mental Health ☐ Dental ☐ Add to Chronic Clinic: YES ☐ NO ☐
Restrictions: Housing Work
Discipline: YES ☐ NO ☐
Nurse Signature/Date/Time:
Physician-PE Signature/Date/Time:

HSN –1 (rev. 10/00)

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Mc Collum, Larry
TDCJ No.: 1105538
Unit: HG

Date & Time	Notes
7-2-02/1030	(S). No c/o voiced (O) 9/0x3/ good eye contact/ speech wnl. -mood euthymic/ & abnormal body moves noted. (A) defensive (P). EKG done psyclinic order. / J. Hicks/LVN Psychiatric Nurse

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Mc Collum, Larry
TDCJ No.: 1105538
Unit: HJ.

Date & Time	Notes
7/2/02 1448	RTC for Dr. Reddy on 9/24/02. D. Bartma CI II
7/15/02 1600	Lab 7/15/02 alb ↓ 3.4 - no Hx cirrhosis; LFTs ok, Hx hyperuricemia ↑, uric acid 9.2; ① Repeat Chem 24 8/7/02; ② Sched c̄ DO 8/20/02 discuss labs. PAUL F ... DO. (Done BB)
7/16/02	0825 Appt with DO for labs 8/20/02 - B. Brown, Clerk

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
TDCJ No.: 1105538
Unit: HP

Date & Time	Notes
	Psychiatric
7.02.02 ~~0918~~ 935	This is 49 yr old WM with h/o depression. He was treated for depression by his primary doctor. He took Zoloft for one off for two years. Last month, he started taking Zoloft. He's feeling better. Three months ago, his father died. He's still going through grief. h/o alcohol abuse. Denies s/h ideation
	O cooperative. Mood is euthymic. Affect is appropriate. Good eye contact. Thought process well organized & goal directed. Denies s/h ideation. Insight & Judgement is fair.
	A: Major depression recurrent
	NA 115
	Plan: Change patient [S3N7] + [2963]
	3rd DC previous Zoloft
FDC 7/2/02 1446 PB	(B) Zoloft po 100 mg q AM x 30 x 2
	(C) CBC, SMAC 24, TSH, (Bar Chief Elect... arranged)
	(D) MC 12 weeks
	S. Reddy, MD, Psychiatrist
	noted / 7-2-02 / 1530 / [signature]

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1016

HSM - 1 (Rev. 5/92)

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: ______
TDCJ No: ______
Unit: Hutchins State Jail

Date & Time	Notes
7/2/02	HIV pre-counseling as per TDCJ policy. Verbalized understanding.
1245	Verbal consent obtained (YES) NO
	1). Td .05cc IM
	2). PPD .1cc if indicated (YES) / NOT GIVEN - HX + PPD 0 mm at
	3). HX ASTHMA / HIV YES (NO)
	4). CXR YES (NO)
	5). RPR (YES)
	6). HIV TEST (YES) NO REFUSAL SIGNED
	7). HBV VACCINE OFFERED CONSENT SIGNED (YES) NO REFUSAL SIGNED
	8). INITIAL DOSE GIVEN (YES) NO
	✓ 9). HEP B VACCINE 20 mcg/ml 1M X 1 /Q 60 REFILL x 2 (R) deltoid
	dyphat ... 7/2/02 G. Jackson, LVN/CPD / Bala... LVN
	10) CBC, Chem 24, H. pylori, PSA, random fingerstick BS
	11) Salsalate 500 # BID for chronic pain X30 x5 ...
	12) warned of possible side effect GI & kidney
	13) Hem 18 (low bunk), (#3), (#7), (#4), (#12), (17)
	#8 (500 yd), 9, (25 lb), [illegible]
	PAUL F. MILLS, D.O. 7/2/02 1314
7-3-02 1620	noted [signature]

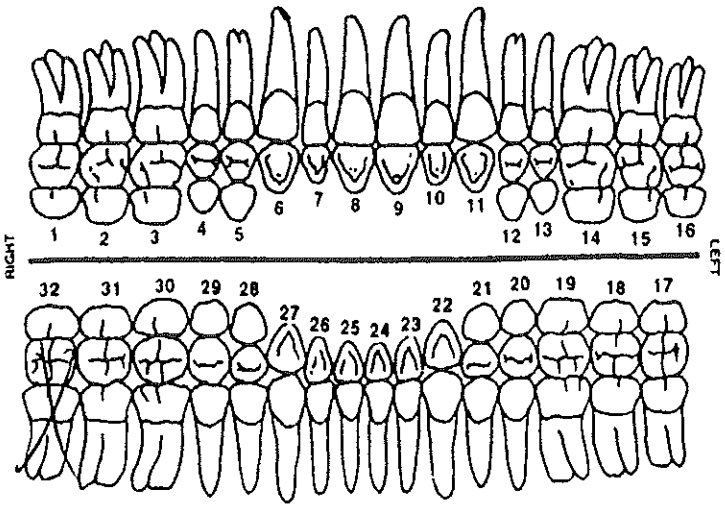
Mc Cullum, L.
1120538

PATIENT IDENTIFICATION DOB 9-22-59

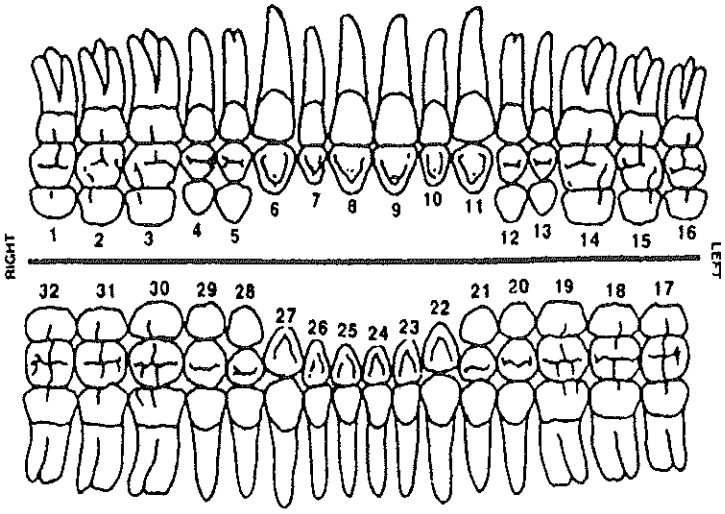
HEALTH SERVICES
DENTAL HEALTH RECORD

SUBSEQUENT EXAMINATION

RESTORATION & TREATMENT (complete in ink)



DISEASES & ABNORMALITIES (complete in pencil)



'MARKS: Gross 4-14-03

TREATMENT PLAN DATE: _____

TX Eligibility Date _____ PERIO TYPE _____

Has a doctor ever told you you have: **DENTAL/MEDICAL HISTORY**

	Y	N		Y	N		Y	N
1. Heart Problems		✓	6. Artificial Joints/Valves		✓	11. Asthma/Respiratory Problems		✓
2. Heart Murmur	✓		7. Rheumatic Fever		✓	12. Allergic to Medications		✓
3. High Blood Pressure		✓	8. Hepatitis/Liver Disease		✓	13. Taking Medications	✓	
4. Diabetes		✓	9. Uncontrolled Bleeding		✓	14. (Women) Pregnant	NA	
5. Epilepsy		✓	10. Stomach Ulcers		✓	15. Other		✓

REMARKS: (continue on reverse):
#2. Os a child, No Longer than
#2 HMS-4 Reports Conditions WNL

#13. Sertraline ½ (one) 100mg Tab.
Salsalate 500 mg Tab.

ntal/Medical History Updated with each new provider (Dentist/Hygienist) and annually

DATE	INITIALS	DATE	INITIALS	DATE	INITIALS	DATE	INITIALS	DATE	INITIALS	DATE	INITIALS
7/26/02	[illegible]	9-18-02	[illegible]								
7/29/02	[illegible]										

HSD-4 (Rev. 5/97)

McCollum, L
110 5538
PATIENT IDENTIFICATION

DENTAL HEALTH RECORD CONTINUATION SHEET

= Tooth No.
P = Priority
F = Facility

DATE TIME	#	SERVICES RENDERED	P	OPERATOR (SIGNATURE)	F
1-8-03		S: Sutures came out			
0705		O: Pt says laceration doesn't bother him - Small tissue defect - tissue is probably too friable to hold sutures.			
		A: It seems to be healing normally - some normal discoloration of soft tissue today - Signs of hematoma - N			
		P: No further tx needed at this point. Advised pt to continue taking medication. RTC prn SCV	4	MJ Newberry DDS	cc
1-21-03		Chain Chart - No RI needs noted			
1530		CHAIN REVIEW No. P-1 NEEDS NOTED		T. McCollum	cc
2-4-03					
1500				K. CHAMP DA III	KC cc
2-3-03		SCE: Fluor			
10		Dig: Pixel window		T. McCollum	cc
2-4-03		Sci: Fluor			
0610		Dig: Pixel window		T. McCollum	cc
2-28-03		Sci: Fluor			
1330		Dig: Not eligible 5-1403		T. McCollum	cc

HSD-5 (Rev. 5/97)

McCollum, L.
1105538

PATIENT IDENTIFICATION

DENTAL HEALTH RECORD CONTINUATION SHEET

= Tooth No.
P = Priority
F = Facility

DATE TIME	#	SERVICES RENDERED	P	OPERATOR (SIGNATURE)	F
7/2/02		DENTAL HEALTH EDUCATION/		C. Waymire, DA	HJ
0920		OHC PROVIDED #35 Flossers		CWaymire DA	HJ
7/3/02		[illegible]		T. Davidson, DDS	HJ
0800			3		
7/26/02		SCR received 7/26/02 c/o wisdom tooth need		CWaymire DA	HJ
0730		pulled & teeth need cleaned - swelling			
		knee			
		ans: Dental problem S/C exam sched -			
		resubmit knee problem to medical		CWaymire DA	HJ
7/26/02		S- S.S. referred by DDS.			
1235		O- Reviewed pt's med. health hx: noted change			
		Gen. mod supracal. Gingiva puffy.			
		P- OHI. Gave FL and CHX rinses. S.S. Rtc via		MHobson RDH	HJ
		scr for hygiene. AOB for s/c exam		M. Hobson RDH	HJ
7/29/02		S/A			
1700	32	O Mic			
		A need Rx		[illegible] DDS	
		P SCE, Rx, I/S X0 #32	2		HJ
8-1-02		CHAIN REVIEW No. P-1 NEEDS NOTED			
1400				T. Davidson DDS	C
8-26-02		Scr: Reappt			
0030		Disp: Placed on schedule -		T. Davidson DDS	CL
9-18-02		Ext appt: Pt had appt for ext #32 at Hutchins Unit,			
0740		Med hx reviewed Consent signed			
		Xylo 2% w/ 1/100 K Epi - 2.2 ml			
		Post op instr. Rx - See HSM-1			
	#32	root tips - elevated out		MJNethery	
		Gave flossers RTC prn scr	4	DDS	CL
12-18-02		Scr: floss			
0900		Disp: Pick window		T. Davidson DDS	CL
1-6-03		Referred by medical:			
1300		Tongue split on (R) side, dorsal surface due to			
		trauma (got hit). mild swelling			
		Xylocaine 2% w/ 100 K Epi - 1.0 ml infiltration only			
		tongue laceration sutured 3 x 3-0 chromic			
		Sutures placed. Advised pt to eat only			
		soft food for next week. Chlorhexidine rinse			
		given before anesthetic - Rx - See HSM-1		MJNethery	
1-7-03		Pt. Presented to [illegible] - prn Scr	4	DDS	CL
0645		no sutures in place, DDS will resuture 1-8-03		T. Davidson DDS	CL

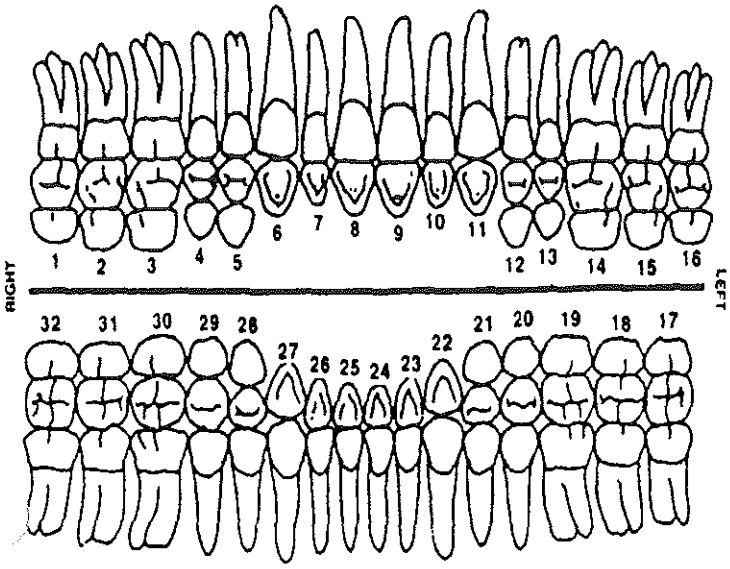
McCollum, L.
1105538

HEALTH SERVICES
DENTAL SERVICES RECORD

I. PATIENT IDENTIFICATION

INPROCESSING EXAMINATION

MISSING TEETH; DISEASES; ABNORMALITIES



DENTAL/MEDICAL HISTORY

Has a doctor ever told you you have:

	Y	N		Y	N
1 Heart Problems			9 Uncontrolled Bleeding		
2 Heart Murmur			10 Stomach Ulcers		
3 High Blood Pressure			11 Asthma/Respiratory Problems		
4 Diabetes			12 Allergic to Medications		
5 Epilepsy			13 Taking Medications		
6 Artificial Joints/Valves			14 (Women) Pregnant		
7 Rheumatic Fever			15 Other		
8 Hepatitis/Liver Disease					

REMARKS:

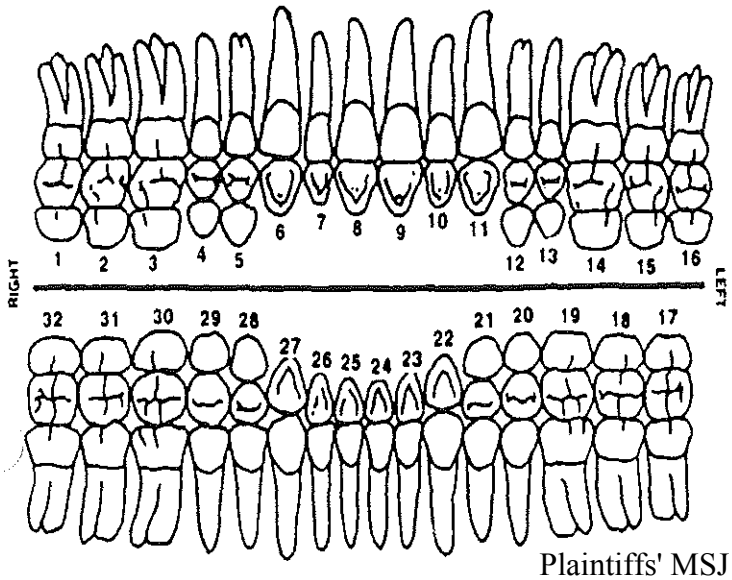
PROVISIONAL PERIODONTAL TYPE

CIRCLE ONE	I	II	III	IV

X-ray used in this examination: Panograph: Yo Other (specify) _____

If no pano taken during examination complete below:

EXISTING RESTORATION & TREATMENTS



Serviceable existing prostheses? _____

OVERALL PRIORITY

CIRCLE ONE	1	2	3	4	5

Place of Examination: HA

Date/Time: 7/2/02 0920

Signature of Dentist: T. Davidson D.D.S. AR

MHS B-1 Attachment 8

University of Texas Medical Branch
Correctional Managed Care
MENTAL HEALTH SERVICES

CONSENT FOR MENTAL HEALTH SERVICES

Patient name McCollum, Casey TDCJ # 1105538 Facility Skyview

1. I, Undersigned authorize Dr./Ms./Mr. J. Yarbrough and his/her designated assistants to administer (*treatment/assessment*) Psychosocial Evaluation to me and continue such treatment as medically necessary.

2. I understand that this treatment/assessment consists of (*full description of treatment*):

   Interview, Records Review and Psychological testing (if appropriate)

3. I understand that the benefits of treatment/assessment include accurate diagnosis & placement.

4. I also understand that the treatment/assessment involves certain risks and complications, the most common of which are (*describe risks*):

   Inaccurate diagnosis if I give incomplete or inaccurate information; delays in treatment.

5. The alternative methods of treatment/assessment have been explained to me; I understand that they include (*describe alternatives*):

   In the case that I am unwilling and/or unable to provide information, the evaluation will be based on a review of available records and behavioral observations by examiner and/or staff.

Limits of confidentiality have been explained to me. No guarantees or assurances have been given by anyone as to the results that may be obtained.

Same as above	X VERBAL CONSENT	12/2/02
PRINTED NAME OF PATIENT	PATIENT SIGNATURE	DATE
J. Yarbrough, LPC		12/2/02
PRINTED NAME OF MENTAL HEALTH PROVIDER	PROVIDER SIGNATURE	DATE

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Complete examination procedure on reverse before making rating. Rate highest severity observed. Movements occurring upon activation rate one less than those occurring spontaneously.

0=none **1**=minimal **2**=mild **3**=moderate **4**=severe

NAME: Mc. Colleen Larry

TDCJ#: 1100998

UNIT: B C

			Rating
Facial And Oral Movement	1.	**Muscles of Facial Expression** e.g., movements of forehead, eyebrows, periorbital area, cheeks, include frowning, blinking, smiling, grimacing	0
	2.	**Lips and Perioral Area** e.g., puckering, pouting, smacking	
	3.	**Jaw** e.g., biting, clenching, chewing, mouth opening, lateral movement	
	4.	**Tongue** Rate only increase in movement both in and out of mouth, not ability to sustain movement	
Extremity Movements	5.	**Upper (arms, wrists, hands, fingers)** Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT include tremor (i.e., repetitive, regular, rhythmic).	
	6.	**Lower (legs, knees, ankles, toes)** e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.	
Trunk Movements	7.	**Neck, shoulders, hips** e.g., rocking, twisting, squirming, pelvic gyrations	
Global Judgements	8.	**Severity of abnormal movements**	
	9.	**Incapacity due to abnormal movements**	
	10.	**Patient's awareness of abnormal movements** Rate only patient's report No awareness=0 Aware, no distress=1 Aware, mild distress=2 Aware, moderate distress=3 Aware, severe distress=4	
Dental Status	11.	**Current problems with teeth and/or dentures** No = 0 Yes = 1	
	12.	**Does patient usually wear dentures?** No = 0 Yes = 1	

COMMENT:

Psychiatrist/Mid-Level Practitioner or designee signature _____ Date: 7.22.03

HSP-15 (Rev. 12/97) Front

TDCJ HEALTH SERVICES DIVISION

REFUSAL OF TREATMENT OR SERVICES

I, (Offender name) Williams, Larry, (TDCJ number) 1105534
decline the following services at the Texas Department of Criminal Justice which consists of
10/16 Refused VN

I have read, or had read to me, the above information in a language I understand. I do not wish to have this above stated treatment or services. I assume responsibility for consequences or personal inconvenience arising from refused services. I understand that I may request these or similar services in the future.

Signature of Offender / TDCJ # — Date

Signature/Title of Medical Personnel Obtaining Refusal — Date 11/06/03

Signature of Witness(if offender unable or unwilling to sign) — Date 10-10-03

HSM-82 (Rev. 9/98) Front

TDCJ HEALTH SERVICES DIVISION

REFUSAL OF TREATMENT OR SERVICES

I, (Offender name) Larry McCollum, (TDCJ number) 1105538
decline the following services at the Texas Department of Criminal Justice which consists of

Do not need to seen by
Nurse for clipper shave pass

I have read, or had read to me, the above information in a language I understand. I do not wish to have this above stated treatment or services. I assume responsibility for consequences or personal inconvenience arising from refused services. I understand that I may request these or similar services in the future.

Larry McCollum 1105538 — 10-23-02
Signature of Offender / TDCJ # — Date

S. Watkins LVN — 10/23/02
Signature/Title of Medical Personnel Obtaining Refusal — Date

Signature of Witness(if offender unable or unwilling to sign) — Date

Dr. Burton

HSM-82 (Rev. 9/98) Front

You have a right as an offender, to be informed about the nature of your medical or dental problems. This right includes an explanation of any planned surgical or invasive procedure and of possible inherent risks. This consent form is not meant to alarm you. It is simply a method to better inform you and obtain written consent for the procedure. The scope of this consent is limited to the stated medical or dental procedure. I have read, or had read to me, the above information in a language I understand. I hereby authorize the Health Services staff under the direction of Dr. Nethery permission to perform indicated procedure listed below with probable or provisional diagnosis.

PROBABLE OR PROVISIONAL DIAGNOSIS:

Non-restorable # 32

PLANNED PROCEDURE/ANESTHESIA:

Ext # 32

Local Anesthetic

POSSIBLE INHERENT RISK.

Bleeding, Pain, Infection or Swelling, Nerve Damage, Broken Root Tips or Damage to adjacent teeth

X Ly McColl #1105538 — 9-18-02

(Signature of offender) — Date

K. Langford — 9-18-02

(Signature of witness) — Date

HSM-32 (Rev. 9/98) Back

TEXAS DEPARTMENT OF CRIMINAL JUSTICE - HEALTH SERVICES DIVISION
MENTAL HEALTH SERVICES

PATIENT CONSENT FOR REQUEST OR RELEASE OF INFORMATION**

107

PATIENT NAME McCollum, Larry Gene TDCJ# 1105538

SS# 464-90-3516 DOB 04.04.53 DATE 12.15.2003

By signing this form, I understand that I am giving my permission to

([redacted]/Mr.) Charles Junkin MA LPC SP (name of mental health clinician)

to communicate with the following person(s) about my mental health treatment:

NAME	RELATIONSHIP	ADDRESS	PHONE#
Terry McCollum	Brother	Waco	214 662-196

I understand that the purpose of the communication may be to assist in the treatment process, to assist with discharge/release planning and/or to provide progress reports to family members or guardians.

I understand that I may change or withdraw this consent at any time and after 180 days on 05.15.2004 (date) this consent will automatically expire.

I understand that mental health staff are not allowed to discuss issues or answer questions that are not directly related to my mental health treatment.

I understand that this consent is voluntary and that refusing to sign will not disqualify me from receiving necessary mental health care.

Larry McCollum
Patient Signature

12.15.2003
Date

Charles Junkin MA LPC SP
Clinician Signature

STAFF PSYCHOTHERAPIST
Title

**This form is not used for requesting professional treatment records.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

INFORMED CONSENT AND LIMITS OF CONFIDENTIALITY

By virtue of my signature on this form, I agree that my participation in mental health treatment is voluntary. I understand that I may discontinue treatment at any time and treatment may not be forced upon me unless I present an imminent threat to myself or others due to a mental disorder. I understand that the clinician providing treatment to me will fully explain the nature of the treatment, the treatment plan, the risks and benefits of treatment and the alternatives to treatment.

I understand the limits of confidentiality as described below:

The contents of a counseling, interview or assessment session are considered to be confidential. Both verbal information and written reports about a patient cannot be shared with another party without the written consent of the patient or the patient's legal guardian. Noted exceptions are as follows:

1. When a patient discloses intentions or a plan to harm himself or another person, or to participate in activity which may jeopardize the safety of the institution, the clinician is mandated by law to report this information to the appropriate authorities.

2. If a patient states or suggests that a child or vulnerable adult is in danger of abuse, the clinician is required to report this information to the appropriate authorities.

3. In the event of a patient's death, the spouse or parents of the patient may have a right to access the patient's medical records after proper documents are submitted in accordance with policies and procedures.

4. TDCJ is required to release records of the patient when a court order has been made.

5. Information about the patient may be disclosed in consultations with other professionals in order to provide the best possible treatment.

6. Other health services staff have access to the information contained in the patient's medical record.

7. The warden or designee may have access to a patient's medical record in the event of legitimate need.

8. Members of the Board of Pardon and Paroles and their designees have access to the medical record.

I have read or had read to me, the above information in a language I understand. I agree that participation in mental health treatment is voluntary and understand the information contained in this form.

LARRY GENE MC CALLUM	1105538	[signature]
Patient's Name (Printed)	TDCJ#	Patient's Signature

CHARLES JUNKIN MA LPC-S	Charles Junkin MA LPC-S	12/15/03
Clinician's Name (Printed)	Clinician's Signature	Date

HSP-3 (Rev. 12/97)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

INFORMED CONSENT AND LIMITS OF CONFIDENTIALITY

By virtue of my signature on this form, I agree that my participation in mental health treatment is voluntary. I understand that I may discontinue treatment at any time and treatment may not be forced upon me unless I present an imminent threat to myself or others due to a mental disorder. I understand that the clinician providing treatment to me will fully explain the nature of the treatment, the treatment plan, the risks and benefits of treatment and the alternatives to treatment.

I understand the limits of confidentiality as described below

The contents of a counseling, interview or assessment session are considered to be confidential. Both verbal information and written records about a patient cannot be shared with another party without the written consent of the patient or the patient's legal guardian. Noted exceptions are as follows:

1. When a patient discloses intentions or a plan to harm himself or another person, or to participate in activity which may jeopardize the safety of the institution, the clinician is mandated by law to report this information to the appropriate authorities
2. If a patient states or suggests that a child or vulnerable adult is in danger of abuse, the clinician is required to report this information to the appropriate authorities
3. In the event of a patient's death, the spouse or parents of the patient may have a right to access to the patient's medical records after proper documents are submitted in accordance with policies and procedures
4. TDCJ is required to release records of patients when a court order has been made
5. Information about patients may be disclosed in consultations with other professionals in order to provide the best possible treatment
6. Other health services staff have access to the information contained in the patient's medical record
7. The warden or designee may have access to a patient's medical record in the event of legitimate need
8. Members of the Board of Pardons and Paroles and their designees have access to the medical record.

I have read or had read to me, the above information in a language I understand. I agree that participation in mental health treatment is voluntary and understand the information contained in this form.

Larry McCollum	1105538	Larry McCollum
Patient's Name (Printed)	TDCJ #	Patient's Signature

Tim Dorsett, MHL	Tim Dorsett	8/7/08
Clinician's Name (Printed)	Clinician's Signature	Date

HSP-3 (Rev. 12/97)

University of Texas Medical Branch
Correctional Managed Care
MENTAL HEALTH SERVICES

CONSENT FOR MENTAL HEALTH TREATMENT

Patient name McCollum, Larry TDCJ # 1105538 Consent date 7-16-02 Facility HU

1. I, McCollum, Larry authorize Dr./Ms./Mr. [illegible] and his/her designated assistants to administer (*treatment*) HUD Flu to me and continue such treatment as Dr./Ms./Mr. Dr. Reddy deems medically necessary.

2. I understand that this treatment consists of (*full description of treatment*):
medications

3. I also understand that the treatment involves certain risks and complications, the most common of which are (*describe risks*):
side effects of medication

4. The alternative methods of treatment have been explained to me; I understand that they include (*describe alternatives*):
Therapy

Limits of confidentiality have been explained to me. No guarantees or assurances have been given by anyone as to the results that may be obtained.

Larry McCollum	Larry McCollum	7-16-02
PRINTED NAME OF PATIENT	PATIENT SIGNATURE	DATE
J. Hicks/LVN Psychiatric Nurse	J. Hicks/LVN	7-16-02
PRINTED NAME OF MENTAL HEALTH PROFESSIONAL	MHP SIGNATURE	DATE

University of Texas Medical Branch
Correctional Managed Care
MENTAL HEALTH SERVICES

CONSENT FOR MENTAL HEALTH TREATMENT

Patient Name Larry McCollum TDCJ # 1105538 Consent Date 7/10/02 Facility RO

1. Larry McCollum authorize Ms. K. Whitley, MS, PA, and her designated assistants to administer (treatment) IMHA / PSYCH TESTING / TRIAGE to me and continue such treatment as Ms. K. Whitley deems medically necessary.

2. understand that this treatment consists of (full description of treatment):
PSYCHOLOGICAL INTERVIEW / PSYCHOLOGICAL TESTING

3. also understand that the treatment involves certain risks and complications, the most common of which are (describe risks):
EMOTIONAL FRUSTRATION DUE TO ISSUES WHICH MAY BE DICUSSED IN THE INTERVIEW

4. The alternative methods of treatment have been explained to me; I understand that they include (describe alternatives): GROUP THERAPY / PSYCHIATRIC EVALUATION

Limits of confidentiality have been explained to me. No guarantees or assurances have been given by anyone as to the results that may be obtained.

Larry McCollum — PRINT — Larry McCollum — PATIENT SIGNATURE — 7-10-02 — DATE

K WHITLEY MS PA RP — PRINT — HEALTH PROFESSIONAL — K. Whitley, MS. P.A. Responsible Psychotherapist — MHP SIGNATURE — 7/10/02 — DATE

INFORMATION ABOUT HEPATITIS B VACCINE

THE DISEASE: Hepatitis B is a viral infection caused by the hepatitis B virus. It can cause death in about 1-2% of patients with serious acute infection. Most people recover completely from hepatitis B, but about 5-10% of adults who catch hepatitis B will remain chronically infected. People with chronic hepatitis B infection remain capable of transmitting the infection to others through blood contact. About 1 out of 4 people with chronic hepatitis B will develop cirrhosis after several years. Cirrhosis can lead to liver failure, gastrointestinal bleeding or liver cancer. People with chronic hepatitis C are at greater risk for liver damage if they also catch hepatitis B. Vaccination against hepatitis B can prevent infection from hepatitis B infection, if the individual is not already infected at the time of vaccine administration. As a result, all the complications that may follow such infection can be avoided.

THE VACCINE: The vaccine is non-infectious protein particle that is by yeast cells. It contains no substances of human origin. It is not capable of transmitting hepatitis B or any other infection. The recommended series of 3 doses of vaccine induces a protection against hepatitis B infection in more than 90% of healthy adult for a lifetime. Some people will not respond to the vaccine, especially those with weakened immune systems, such as people with HIV infection or on dialysis. For those people additional doses of the vaccine may be given.

If somebody already has chronic hepatitis B infection, there is no harm in receiving the vaccine. However, the vaccine will not clear up chronic hepatitis B and will not protect an infected person against the complications of chronic hepatitis B.

A small number of people with no known medical problems will not be protected after receiving the vaccine. For this reason, it is still important for persons who have been vaccinated to avoid being exposed to the virus. The known exposure routes are sexual, body fluid and blood exposure and mother to infants during birth.

WHO SHOULD NOT GET HEPATITIS B VACCINE? People who have had a life-threatening allergic reaction to baker's yeast should not receive the vaccine. People who are moderately or severely ill should wait until they recover before receiving the vaccine. Patients with multiple sclerosis (a disease of the nervous system) may rarely have worsening of neurological condition. Pregnant and nursing woman should have hepatitis B vaccination only if clearly needed.

POSSIBLE SIDE EFFECTS OF HEPATITIS B VACCINE: Hepatitis B vaccine usually does not cause significant side effects. The most common side effect is soreness and swelling at the site of the injection. Some people may have fatigue, headache, dizziness, or low grade fever after vaccination. These side effects are less common after the second or third dose, and clear up on their own within a day or two. Other side effects are very rare. These include bruising at the site of injection, sweating, chills, low blood pressure, nausea, vomiting, stomach pain, constipation, diarrhea, enlarged lymph glands and rash.

In addition there have been reports of the following symptoms after vaccination, but it is not certain that they are related to the vaccine. These symptoms include painful joints, generalized bruising, visual disturbances, severe rash, paralysis, fainting, seizures, rapid heart rate or shortness of breath. Other symptoms such as flu-like symptoms, flushing, tingling, weakness, agitation, and irritability were rarely reported.

Like any medicine, hepatitis B vaccine can cause a severe allergic reaction, but the risk is very small.

Overall, getting hepatitis B vaccine is safer than getting hepatitis B disease.

IF YOU HAVE ANY QUESTIONS ABOUT HEPATITIS B INFECTION OR HEPATITIS B VACCINE, PLEASE CONSULT WITH FACILITY MEDICAL STAFF.

CONSENT FORM

I have read the above statement about hepatitis B infection and vaccine. I have had an opportunity to ask questions and understand the benefits and risks of HBV vaccination. I understand that I must have three doses to give me immunity to hepatitis B, but additional doses may be needed in some cases. As with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request the vaccine be administered to me.

McCallum, Larry
Printed Name of Person to Receive Vaccine

x Larry McCallum
Signature

1105530
TDCJ Number

7/2/02
Date Signed

(Rev. 4/2000)

TDCJ HEALTH SERVICES DIVISION

REFUSAL OF TREATMENT OR SERVICES

I, (Offender name) McCollum, Larry, (TDCJ number) 1105538
decline the following services at the Texas Department of Criminal Justice which consists of

rectal - colon + prostate
w/ mets PSA
radiectal in FW

I have read, or had read to me, the above information in a language I understand. I do not wish to have this above stated treatment or services. I assume responsibility for consequences or personal inconvenience arising from refused services. I understand that I may request these or similar services in the future.

Larry McCollum — 7-2-02
Signature of Offender / TDCJ # — Date

[illegible] — 7-2-02
Signature/Title of Medical Personnel Obtaining Refusal — Date

Signature of Witness(if offender unable or unwilling to sign) — Date

HSM-82 (Rev. 9/98) Front

University of Texas Medical Branch
Correctional Managed Care
MENTAL HEALTH SERVICES

CONSENT FOR MENTAL HEALTH TREATMENT

Patient name McCollum Larry TDCJ # _____ Consent date 7-1-02 Facility HU

1. I McCollum Larry authorize Dr./Ms./Mr. Ms. Nicholson and his/her designated assistants to administer (*treatment*) Triage to me and continue such treatment as Dr./Ms./Mr. D. Reddy deems medically necessary.

2. I understand that this treatment consists of (*full description of treatment*):
Medication

3. I also understand that the treatment involves certain risks and complications, the most common of which are (*describe risks*):
side effects of meds

4. The alternative methods of treatment have been explained to me; I understand that they include (*describe alternatives*):
Therapy.

Limits of confidentiality have been explained to me.. No guarantees or assurances have been given by anyone as to the results that may be obtained.

x Larry McCollum	x Larry McCollum	x 7-1-02
PRINTED NAME OF PATIENT	PATIENT SIGNATURE	DATE
J. Hicks/LVN Psychiatric Nurse	J Nicholson	7-1-02.
PRINTED NAME OF MENTAL HEALTH PROFESSIONAL	MHP SIGNATURE	DATE

University of Texas Medical Branch
Correctional Managed Care
MENTAL HEALTH SERVICES

CONSENT FOR MENTAL HEALTH TREATMENT 7.02.2

Patient name McCollum, Larry TDCJ# 1105138 Consent Date 12 Facility: Hutchins

1. I, Larry McCollum authorize Dr. Srinivas Reddy, M.D. and his designated assistants to administer (treatment) Medication to me and continue such treatment as Dr. Srinivas Reddy, M.D. deems medically necessary.

2. I understand that this treatment consists of (full description of treatment):

Meds

3. I also understand that the treatment involves certain risks and complications, the most common of which are (describe risks):

Dizziness, nausea, tremor.

4. The alternative methods of treatment have been explained to me; I understand that they include: (describe alternatives):

Therapy

Limits of confidentiality have been explained to me. No guarantees or assurances have been given by anyone as to the results that may be obtained.

Larry McCollum	Larry McCollum	7-2-02
PRINTED NAME OF PATIENT	PATIENT SIGNATURE	DATE
Srinivas Reddy, M.D. Psychiatrist	SR	7 02 02
PRINTED NAME OF MENTAL HEALTH PROFESSIONAL	MHP SIGNATURE	DATE

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
TDCJ No.: 1105538
Unit: SV

Date & Time	Notes
12/03/03 0730	Reg. pt. arr. on D+E status, has been quiet, denying any acute distress, cell contents are patient/orderly. Jefferson Lee

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

PSYCHIATRIC INPATIENT FACILITY
DISCHARGE/RELEASE SUMMARY

I. Identifying Data
II. Date & Reason for Admission
III. Clinical Course
IV. Residual Problems
V. Final Diagnosis
VI. Recommendations
VII. Dated signature of Discharging Psychiatrist and Psychologist

OFFENDER NAME: MC COLLUM, LARRY GENE TDCJ #: 1105538 UNIT: SKYVIEW

DISCHARGE DATE: 01/06/04 PULHES: S=3NT

IDENTIFYING DATA:

DOB: 04/04/53
Age/Race/Sex: Fifty-year-old Caucasian Male
Skyview Admission Date: 12/01/03
Current Date: 01/06/04
Examiner: Charles Junkin, MA, LPC, RP

DATE & REASON FOR REFERRAL:

Offender Mc Collum was referred to Skyview from the Cole Unit on December 1, 2003 secondary to "Patient was waiting on ride to go to Daddy's funeral, decreased hygiene, and disorientation." He was referred from crisis management into Diagnostic & Evaluation (D&E) with an Axis I Diagnosis of R/O Dementia of the Alzheimer's Type, Uncomplicated and on the following psychoactive medications: Fluoxetine 20mg PO QHS, Cogentin 2mg PO QHS, and Benadryl 25mg PO QHS. At the time of admission, his chief complaint was "I was getting confused about a few things, like, I didn't know what date it was."

CLINICAL COURSE:

Offender Mc Collum was admitted to the Mood Disorder Treatment Track on December 10, 2003 with an Axis I Diagnosis of Depressive Disorder, NOS (311) and R/O Mental Disorder, NOS, Due to Possible Cardiovascular Problems. Upon admission to the treatment track, he was taking Prozac 20mg PO QAM and Trazodone 100mg QPM. During the course of his treatment at Skyview, Offender Mc Collum attended individual and group psychotherapy and was followed closely by the treatment team. He presented with significant depressive symptoms, including suicidal ideation, anhedonia, poor concentration, and a sense of hopelessness. For the first couple of weeks in group psychotherapy, the offender was very quiet, but attentive. He had a restricted affect and a depressed mood. When he was seen by the treatment team on December 18, 2003, he was diagnosed with Major Depressive Disorder with Psychotic Features (Psychotic Features in Remission). Because he is scheduled to be released from TDCJ-ID in the near future, he was seen again by the treatment team on December 19, 2003 to determine if he is appropriate for court commitment to a state hospital upon release from TDCJ-ID. The treatment team reviewed his situation, which consists of his father dying in April 2003, his mother is in a nursing home with Alzheimer's Related Illness, he has been confused and depressed. He is a chronic alcoholic. He has few resources in the community, and he has a large debt waiting for him when he gets out of prison. He has a family in the

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

PSYCHIATRIC INPATIENT FACILITY
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OFFENDER NAME: MC COLLUM, LARRY GENE TDCJ #: 1105538 UNIT: SKYVIEW

DISCHARGE DATE: 01/06/04 PULHES: S=3NT

Waco area, but he has had little contact with them during his incarceration. He had not spoken with his brother or sister-in-law for more than six months. He has a significant history of prostate cancer in the family. The results of that treatment team meeting were to recommend Offender Mc Collum to be committed to the state hospital when released from TDCJ-ID. He was seen by a second psychiatrist on December 30, 2003. The second psychiatrist found no compelling reason to commit the offender to a state hospital at this time. He met with yet another psychiatrist on January 2, 2004. At that time, he was also found inappropriate for commitment to a state hospital. Meanwhile, the offender continued to participate in group therapy and seemed to respond somewhat to the Prozac. He was withdrawn and quiet but appropriate in group settings. Prozac was increased from 20mg to 40mg QAM on January 2, 2004. His mood has been described as "more cheerful" and he "appeared less internally preoccupied." On January 6, 2004, he was found appropriate for discharge to his unit of assignment with 40mg of Prozac QD.

MENTAL STATUS:

Offender Mc Collum is a 50-year-old, Caucasian male whose overall presentation is significantly older than his stated age. He presents with psychomotor retardation. His responses to some of the questions are vague. He relates well with the interviewer. At times he looks away. His affect is blunted. His mood is depressed. There is no evidence of auditory hallucinations at this time. He denies any suicidal thoughts or wanting to hurt others. He did admit that he felt that life was not worth living in the past. He was alert and oriented to time, place, and person. He was unable to do Serial 7's. He was able to do three digits forward and in reverse order. He as able to do four digits forward but not in reverse order. He could recall approximately 2/3 objects for recent recall.

RESIDUAL PROBLEMS:

Offender Mc Collum was referred for inpatient psychiatric treatment because he was confused and disoriented. While he was at Skyview, he was found to suffer from major depressive symptoms. He will be released soon from the prison system and will face many obstacles including unemployment, inadequate housing, mental illness issues, transportation difficulties, the loss of his father, and access to alcohol and other mind altering drugs. These factors in combination with his history of depression may place him at increased risk for potentially self-injurious acts. The offender's therapist had telephone contact with his brother and sister-in-law on December 31, 2003; although his family has agreed to take him into their home, they are reluctant to do so and are looking for community services that might better be able to care for his mental health needs.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

PSYCHIATRIC INPATIENT FACILITY
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OFFENDER NAME: MC COLLUM, LARRY GENE TDCJ #: 1105538 UNIT: SKYVIEW

DISCHARGE DATE: 01/06/04 PULHES: S=3NT

DISCHARGE DIAGNOSIS:

Axis I:	296.34	Major Depressive Disorder, Recurrent, Severe with Psychotic Features (Psychotic Features in Remission at this time)
	303.9	Alcohol Dependence in a Controlled Environment
Axis II:	V71.09	No Diagnosis on Axis II
Axis III:		Degenerative Disease of the Knees; H/O Lower Back Pain
Axis IV:		Psychosocial and Environmental Stressors: Incarceration
Axis V:		Current GAF = 60

RECOMMENDATIONS:

It is recommended by the treatment team and the attending physician that Offender Mc Collum be discharged from the Mood Disorder Treatment Track and returned to his unit of assignment for continued follow-up for his depressive symptoms until his release from the prison system. He should be offered counseling on an as-needed basis. Furthermore, he should continue his current medication regimen, which at this time consists of Prozac 40mg PO QAM.

DATED SIGNATURES:

Charles Junkin MA LPC RP 01.06.2004
Charles Junkin, MA, LPC, RP Date

Vasantha C. Orocofsky MD 1/6/04
Vasantha Orocofsky, M.D. Date

CJ/VO:rc

Received for transcription on 01/06/04 and typed on 01/06/04 at 1315

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

SKYVIEW PSYCHIATRIC FACILITY
PSYCHIATRIC EVALUATION

OFFENDER NAME: McCOLLUM, LARRY GENE **TDCJ#: 1105538**

IDENTIFYING DATA:

DOB: 04-04-53
DATE OF ADMISSION: 12-01-03
AGE/RACE: 50 y/o White male.
EXAMINER: B. Meharry, MSN, RN, CS, PMH-NP.
DATE OF EXAMINATION: 12-03-03/1400.

REASON FOR ADMISSION:

The patient was referred here from the Cole Unit by Mr. Dorsett, LBSW secondary to, "Patient was waiting on ride to go to Daddy's funeral, decreased hygiene, and disorientation." He was referred from Skyview Crisis Management into D&E with an AXIS I Diagnosis of R/O Dementia of the Alzheimer's Type, Uncomplicated, and on the following psychoactive medication: Fluoxetine 20 mg. p.o. q. h.s., Cogentin 2 mg. p.o. q. h.s., and Benadryl 25 mg. p.o. q. h.s. The patient was advised of the purpose of this examination, the limits of confidentiality, and informed consent. He verbalized understanding and agreed to participate.

CHIEF COMPLAINTS:

"I was getting confused about a few things, like, I didn't know what date it was."

PAST PERTINENT PSYCHIATRIC HISTORY:

The patient did not begin receiving any freeworld psychiatric treatment until 2001, when he first encountered his legal difficulties. He was treated with Zoloft for symptoms of depression at the MHMR center in Waco, Texas. There is no freeworld history of suicidal attempts/gestures, self-injurious behaviors, or anger-management problems. His substance abuse history included the use of alcohol, methamphetamines, and cocaine. With no known history of treatment for his substance abuse. There is no known familial history of mental illness or chemical dependency. There is no history of a juvenile record. While at the McClendon County Jail awaiting transfer to TDCJ-ID, he was diagnosed with Depression and was treated with Zoloft 100 mg. p.o. q. am.

This is the first incarceration for this patient who was received at TDCJ-ID on 07-01-02, where he is serving a 20-month sentence for Theft, Over $1500. Upon receipt to the prison system, he told the Responsible Psychologist that he had been having difficulty coping with the death of his brother, who died five years ago and the death of his father, who died April of 2003. He became depressed and spent $12,000. on various items and gambling. This led to his arrest and conviction. He also acknowledged that he had a problems with gambling, sex, and alcohol. He stated that his drinking escalated in 1983, following a divorce. He admits to three arrests for DWI. Although he has never been to Rehab, he relates that he entered a "Detox" center for 10 days in 1987. He also relates that he had some "minor" involvement with Alcoholic Anonymous. At the time, he also reported that he considered himself to be very co-dependent, expressed concern about his welfare upon release from prison as he has no place to live, was worried about the future, and had problems keeping his mind off things that depress him. Although he denied any current suicidal ideations or intent, he admitted that he sometimes believed that he had no real purpose for living. He often felt hopeless and lacked motivation, reported fluctuating appetite, erratic sleep pattern and a recent 30 lbs weight loss. There was no evidence of psychotic symptoms. On 07-02-02, he was seen by the attending psychiatrist where he received an AXIS I Diagnosis of Major Depressive Disorder, Recurrent. He was placed on Zoloft 100 mg. p.o. q. am. A few months later it was noted that he was doing well on Zoloft and wanted to continue his medication regimen. He was 100 percent compliant. He also related that he was experiencing feeling "jumpy". On 12-11-02, he was seen by another psychiatrist, where he reported not only a history of depression, but problems with anxiety. His AXIS I Diagnosis remained Major Depression. He was switched to Nortriptyline 25 mg. p.o. q. h.s. Several days later, he complained of still experiencing "jumpy legs" at bedtime. His Nortriptyline was increased to 50 mg. p.o. q. h.s. On 01-08-03, he complained that he was unable to sleep. His Nortriptyline was increased to 75 mg. p.o.

q. h.s. Shortly thereafter, he was referred to Skyview Crisis Management secondary to, threatening suicide. He was discharged back to his unit of assignment, with no change in his diagnosis or medication regimen. He continued to complain of feeling depressed, so his Nortriptyline was increased to 100 mg. p.o. q. h.s. On 04-15-03, he presented as decompensating. He was easily irritated and exhibited poor hygiene and disorganized thoughts. He continued to complain of feeling anxious. He was diagnosed with Anxiety Disorder, NOS and Depressive Disorder, Due To Alcohol and Drugs. He was placed on Haldol 10 mg. p.o. b.i.d., Benadryl 25 mg. p.o. b.i.d., and Prozac 20 mg. p.o. q. am.

More recently, on 09-17-03, he was seen by yet another attending psychiatrist, where he received an AXIS I Diagnosis of Major Depression With Psychotic Features. He continued on the same medication regimen of: Haldol 5 mg. p.o. q. h.s., Benadryl 25 mg. p.o. q. h.s., and Prozac 20 mg. p.o. q. h.s. On 11-24-03, he was seen by the MHS at cellside. He seemed disoriented, was difficult to understand, and related that he was waiting for a ride to go to his Dad's funeral. He was disheveled and exhibited poor hygiene. After consulting with Dr. Reddy, it was determined that he should be referred to Skyview Crisis Management for evaluation and determination of his treatment needs. Upon receipt to the Skyview Unit, he told the admitting RN that he was feeling depressed because a male voice was telling him to hurt himself or others. Objectively, he was observed to be alert, spontaneous, and although he was oriented in general, he was unaware that the day before had been the holiday (Thanksgiving). He seemed "somewhat" confused. Currently, he reports difficulty sleeping, but appetite is "good." He described his mood as "good." He denied any current suicidal ideations or intent. He voiced no complaints regarding side effects from his current medication regimen, but he did complain of difficulty sleeping, blurred vision, and difficulty starting to urinate.

PERTINENT MEDICAL HISTORY:

The patient has a history of chronic lower back pain. He has no known drug allergies. There is no known past history of head trauma, loss of consciousness, seizures, blackouts, or chronic headaches.

PERTINENT PHYSICAL FINDINGS:
VITAL SIGNS: TEMP: 98; **PULSE:** 130; **RESP:** 20; **BP:** 184/88.
HT: 70 in. **WT:** 218 lbs.
LABORATORY INDICES/X-RAYS/OTHER PERTINENT DIAGNOSTIC STUDIES:
CHEM 12 of 07-08-02 showed decreased glucose and elevated uric acid, decreased albumin; liver function test of 07-08-02 was within normal limits; lipid panel of 07-08-02 showed increased triglycerides, decreased HDL cholesterol and increased VLDL cholesterol; CBC with differential and platelet count of 07-08-02 showed deceased RBCs; TSH of 07-08-02 was within normal limits; T4 of 07-08-02 was decreased; T3 of 07-08-02 was within normal limits; FREE thyroxin index of 07-08-02 was decreased; PSA of 07-08-02 was within normal limits; Helicobacter pylori, IgG of 07-08-02 was positive; HIV-1-ABS of 07-02-02 was nonreactive; RPR of 07-02-02 was nonreactive.
There are no chest x-rays. X-ray of lumbar spine of 12-16-02 was within normal limits; x-ray of right knee of 12-16-02 showed some arthritic changes; x-ray of left knee of 12-16-02 showed minimal early articular marginal spurring; EKG of 07-02-03 showed normal sinus rhythm and was considered a normal EKG.
GENERAL DESCRIPTION: Well-developed, well-nourished, overweight, White male in no obvious acute physical distress. A complete physical examination was not performed at this time, due to the locked down status of the facility. A cursory visual examination revealed the following:
HEENT: EYES: no nystagmus; NOSE: no drainage.
SKIN: Nonicteric. Appears to be grossly intact.
EXTREMITIES: No cyanosis, clubbing or edema.
NEUROLOGICAL EXAMINATION: Cranial nerves II through XII appear to be grossly intact. SENSORY: grossly intact. MOTOR: good ROM in all extremities. CEREBELLAR: Steady gait with no ataxia. AIMS: negative.
ASSESSMENT: Possible Abnormal Laboratory Indices, Abnormal Cardiac Panel, and Elevated Systolic Pressure.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

SKYVIEW PSYCHIATRIC FACILITY
PSYCHIATRIC EVALUATION

OFFENDER NAME: McCOLLUM, LARRY GENE **TDCJ#: 1105538**

MENTAL STATUS EXAMINATION:

The patient was seen at cellside, due to the locked down status of the facility. He was dressed in a prison attire and was unshaven, but adequately clean. He appeared older than his stated age. He was alert, made good eye contact, and was cooperative. Psychomotor activity was calm. Speech was spontaneous, rate was within normal limits. Mood was appropriate to the situation. Affect was congruent with mood, range was reactive. No hallucinations were elicited at this time. Thought content was negative for suicidal or homicidal ideations or intent. He expressed no delusions and unusual thinking. Thought processes were coherent, logical, and goal-directed. Patient is grossly oriented X4. His remote and recent memory is grossly intact. His attention and concentration is intact. His intelligence is estimated to be in the average range. Insight and judgement are good.

SUMMARY OF FINDINGS:

This patient presents with no prior psychiatric history, until he encountered his legal difficulties and went through the stressors of losing some family members. There is also a history of excessive alcohol use. Currently, there are no abnormalities in cognition, thought content, thought processes, nor evidence of hallucinations. There is no major mood disturbance. I believe that his sleep disturbance is most likely due to the schedule that he is receiving Prozac. It may be too activating for him to receive it at night. Although he has no history of hypertension, his cardiac panel was significantly abnormal and there is a familial history of hypertension and diabetes. Given this patient's age and family history, it is possible that he may have experienced a transient ischemia attack (TIA). This would certainly need to be ruled out. At this time, I see no evidence of suicidal ideations or intent, nor is there a recent past history to indicate that he would be at high risk for engaging in self-injurious behaviors.

DSM-IV DIAGNOSIS:

AXIS:	**I:**	311.	~~Depressive Disorder, NOS.~~
		293.9	R/O Mental Disorder, NOS, Due to Possible Cardiovascular Problems.
AXIS	**II:**		Deferred.
AXIS	**III:**		Chronic Low-Back Pain; R/O Cardiovascular Problems. NKDA.
AXIS	**IV:**		Problems related to interaction with the legal system: incarceration.
			Problems due to primary support group: recent death of a family member.
AXIS	**V:**		**GAF:** 55.

RECOMMENDATIONS/INTERVENTIONS:

Prozac 20 mg. p.o. q. am and Trazodone 100 mg. p.o. q. pm X14 days, then D/C. Discontinue Cogentin and Benadryl. Educated patient regarding side effects, risks, and possible benefits with the use of Prozac and Trazodone. Patient consents and agrees with the treatment plan. I believe that this patient could benefit from the programming in the Mood Disorder Treatment Track to help him learn some coping skills, in order to better plan his future.

PROGNOSIS: Uncertain at this time.

SIGNATURE/DATE:

B. Meharry, MSN, RN, CS/PMH-NP 12-5-03 0745
B. Meharry, MSN, RN, CS/PMH-NP/Date
Transcribed: 12-04-03/1412/mlr

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

SKYVIEW PSYCHIATRIC FACILITY
PSYCHOSOCIAL EVALUATION

OFFENDER NAME: McCollum, Larry Gene **TDCJ#: 1105538**

IDENTIFYING DATA:

Name: McCollum, Larry Gene
TDCJ#: 1105538
Race: White
DOB: 4-04-53
Age: 50-8
SSNO: Unknown
Admission Date: 12-01-03
Previous Skyview crisis management admissions: 3
Previous inpatient admissions: 0
Current Date: 12-02-03
Examiner: John Yarbrough, SP

REASON FOR REFERRAL:

McCollum is a recent admission to D&E from Skyview crisis management. The purpose of this report is to assess this individual's current mental status and to provide recommendations for placement, treatment programming, and aftercare planning. He was previously advised of the limits of confidentiality. He provided verbal consent for this evaluation on 12-02-03.

CHIEF COMPLAINTS:

"I was depressed, I guess."

McCollum was admitted after reporting that he "was waiting for a ride to his father's funeral." Hygiene was reportedly decreasing and he was reportedly disoriented. At Skyview he stated, "I've been a little confused for a couple of months, I guess." He stated that he was also having trouble with constipation, dry mouth, blurry vision, mild trembling in his hands, and some degree of confusion. "I try to count the days that I have until I get out. I get out in January of next year."

PERTINENT MENTAL HEALTH HISTORY:

McCollum arrived on Skyview crisis management on 11-25-03 from the Cole State Jail. The admitting diagnosis was to "Rule Out Uncomplicated Dementia of the Alzheimer's Type". He is currently prescribed Prozac 20mg hs, Benadryl 25mg hs, and Cogentin 2mg hs.

Records indicate that McCollum has a history of alcohol abuse since 1983. He reports treatment in 1987 and has been minimally involved in AA. He was not treated for depression, however, until about 2001 when he was first incarcerated in the county jail. While at the McClennan County Jail, he was diagnosed with depression and

OFFENDER NAME: McCollum, Larry Gene **TDCJ#: 1105538**

prescribed Zoloft 100mg q am. He was also on HCTZ. It was noted that he weighed 307 pounds while at the McClennan County Jail.

McCollum arrived in TDCJ on 7-01-02. On 7-16-02, while at the Hutchins State Jail, he was given a Personality Assessment Inventory which was consistent with diagnoses of Alcohol Dependence and Depression. He was described as being unhappy and pessimistic. He was given a diagnosis of Depressive Disorder NOS and Alcohol Dependence. He claims that he has been losing weight, and he reports losing about 70 pounds over the past 18 months. He was first sent to Skyview crisis management on 1-10-03, and prior to the current admission, his last time at Skyview was from 1-24-03 to 1-29-03 when he was diagnosed with Recurrent Major Depressive Disorder. He had been referred not because of any overt threats of self-harm, but because staff had noted that he was giving away his property. He was seen throughout the first part of 2003 and seen less frequently from 5-09-03 to 8-18-03. On 8-18-03, while at the Cole Unit, he was referred by security with reports that he was disheveled and had been "hoarding strange objects". This behavior was not further commented upon. He was next seen on 11-24-03 and this time was referred to Skyview on the above complaints.

PERTINENT SOCIAL HISTORY:

According to this patient, he was born in Enid, Oklahoma and raised in a relatively intact family environment. He had a brother who reportedly died in February of 2002 and his father reportedly died two months later, in April of 2002. McCollum reports that he has been divorced since 1983. He has two children, a 27-year-old daughter and a 21-year-old son, who reside in Waco. Upon release from TDCJ, McCollum plans to return to the Waco area. He remains in contact with his family.

McCollum attended school through the twelfth grade and received a high school diploma. He reports that he was in advanced classes from grades nine to eleven. He is able to read and write and records indicate an overall EA score of 8.6. He has no history of military service. He worked as a warehouse forklift operator. He has been able to maintain steady employment.

Records indicate a history of alcohol abuse, which escalated after his 1983 divorce. He also reports use of cocaine and methamphetamines. He reports detox for ten days in 1987. He reports minor involvement with AA. He reported no incident of head trauma or seizure disorder. He was previously treated for hypertension and complains of chronic knee and back pain. He has not been treated for any medical conditions. He denied any food or drug allergies. He reports a family history of cardiac disease and diabetes.

This patient arrived in TDCJ on 7-01-02. He is currently serving a 20-month sentence from McLennan County for charges of theft over $1500.00. This is his first TDCJ incarceration. Although he has forfeited no good time, he has received three recent disciplinary cases for failing to obey orders, on 9-02-03, 10-09-03, and 11-07-03, respectively. He remains Line Class I with a projected release date of 1-12-2004.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

SKYVIEW PSYCHIATRIC FACILITY
PSYCHOSOCIAL EVALUATION

OFFENDER NAME: McCollum, Larry Gene **TDCJ#: 1105538**

MENTAL STATUS EXAMINATION:

McCollum is a 50-year-old white male who appears older than his stated age. He is of average height and overweight in build, 5'8" tall and 218 pounds. Records indicate that he has lost a significant amount of weight since his arrival in TDCJ on 7-01-02. At this time, gait and gross motor control are within normal limits. He was unshaved, but otherwise adequately groomed, dressed in a prison-issued jumpsuit. He was alert and oriented to person, place, situation, and roughly to date. He believed that this was November 25, 2003. He was aware, however, that Thanksgiving had recently passed. He is also aware that he is scheduled for release in about five weeks. Adequate eye contact was maintained.

McCollum's speech was clear, coherent, and goal-directed. No emotional distancing was noted. He is not reporting hallucinatory phenomena and he does not appear to be attending to internal stimuli. No suspiciousness was noted and no delusions were elicited. He reports no disturbance of sleep or appetite. His mood appears euthymic with a reactive affect. At present he denied any self-harm ideation.

This patient appears to be within the average range of intellectual functioning. Records indicate a Beta-3 IQ score of 92. He has an adequate fund of general information and memory functioning appears grossly intact. No distractibility was noted. Insight and judgment appear adequate.

RESULTS OF PSYCHOMETRICS:

McCollum received a score of 29 on the Brief Psychiatric Rating Scale. He presents with mild complaints of depression and a mild degree of anxiety in the absence of overt signs or symptoms of psychosis. These ratings were consistent with those of the Hamilton Rating Scale for depression and indicate a mild degree of impairment.

SUMMARY OF FINDINGS:

Records indicate a lengthy history of alcohol dependence and a history of treatment for anxiety and depression since his incarceration in late 2001. Staff currently complain of some oddities in behavior and some degree of mild confusion. McCollum complains of some confusion and disorientation as well as symptoms which may be related to his anticholinergic regimen. No recent laboratory information is available and he has been referred for further medical evaluation. In line with the current information, a continued provisional diagnosis of Depressive Disorder NOS is appropriate.

DSM-IV DIAGNOSTIC IMPRESSION:

Axis I:	311 Depressive Disorder NOS, provisional.
	Rule out 995.2 Adverse effects of medication NOS.
Axis II:	V71.09 No diagnosis on Axis II.
Axis III:	Deferred.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

SKYVIEW PSYCHIATRIC FACILITY
PSYCHOSOCIAL EVALUATION

OFFENDER NAME: McCollum, Larry Gene **TDCJ#: 1105538**

Axis IV: Psychosocial and environmental stressors: incarceration.
Axis V: Current GAF = 50

RECOMMENDATIONS/INTERVENTIONS:

McCollum remains on monitoring status in D&E. He has been referred for medication evaluation and for further medical evaluation to rule out other conditions. Consult has been made with the treating mid-level practitioner.

SIGNATURE/DATE:

12/3/03 @ 1000

Dictated By: John Yarbrough, SP 12-02-03
Transcribed: 12-03-03/0850/nj

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Mc Collum Larry
TDCJ No.: 110538
Unit: JV

Date & Time	Notes
12-1-03	Mig: Pt moved to SV 3 B08 on D+E status.
1140	Nurse called report. ——— RLeal RN
12-1-03	Mig - Patient discharged from SV 5, assigned
1225	to SV 3 B08 on D & E status. — Burkett
12-2-03	Mig - Patient remains on D & E status.
0640	Compliant with medication, room U/C.
	B/P 89/62, P91, R20. ——— Burkett

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

UTMB MENTAL HEALTH SERVICES
CRISIS MANAGEMENT DISCHARGE SUMMARY

NAME McCollum, Larry TDCJ# 1105538 UNIT SV
PRIOR C/M ADMISSIONS 2 # PRIOR INPATIENT ADMISSIONS — LAST ADMISSION 1/03
ADMISSION DATE 11.25.03 UNIT OF ORIGIN (CL) Cole DISCHARGE DATE 12.1.03

REASON FOR ADMISSION Pt was "waiting on a ride to go to my daddy's funeral & hygiene and disoriented.

PRESENTING SYMPTOMS Pt c/o feeling depressed and hearing voices.

CURRENT MENTAL STATUS AND RISK ASSESSMENT Pt was alert and spontaneous although he was oriented in general he was unaware that the day before was a holiday. Pt seemed to somewhat confused.

~~DIAGNOSTIC IMPRESSION~~ : AXIS I R/O 290.10

AXIS II

RECOMMENDATIONS/PLAN:

☒ ADMIT TO EVALUATION AND DIAGNOSTIC

☐ INITIATE/CONTINUE OUTPATIENT CARE (SPECITY)

☐ OTHER (SPECIFY)

CONSULTATION WITH RECEIVING FACILITY MENTAL HEALTH OR MEDICAL STAFF CONDUCTED WITH (NAME)

Laura McKinnon SP — 12.1.03

CRISIS MANAGEMENT PSYCHOTHERAPIST SIGNATURE — DATE

ADDITIONAL COMMENTS:

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: R.C. Collum Larry
TDCJ No.: 1105538
Unit: CV

Date & Time	Notes
11-26-03 0615	Msg: Pt seen in cell on nursing rounds lying on bunk c distress. No complaints voiced — R Hudson LVN
11-26-03 0837	Initial C/M note: (S) "I've been a little confused for a couple of months I guess." (O) Pt was alert, spontaneous, goal directed, was grossly oriented. Pt had some difficulty with the date. Pt seems somewhat childlike. Pt denies S/H ideation. Pt states he's been hearing voices again for a little while. (A) R/O 298.9 (P) Cont C/M. L. McKinnis SP
11-28-03	0730 C/O "panic attack" to security + when seen in cell is lying down but shaky. Cooperative c V/S Check - 96 3-80-20 106/60 B Hallaran
11-28-03 1133	C/M note #2: (S) "It was a holiday yesterday? It must have been one of those new ones that not everybody celebrates." (O) Pt was alert, spontaneous, generally oriented but didn't know it was Thanksgiving and did not recall having Thanksgiving dinner. (A) R/O 290.10 (P) Cont C/M — L. McKinnis SP
12/1/03 0745	C/M note #3: See discharge summary. D&C. L. McKinnis SP

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

OBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION, SECLUSION OR RESTRAINT

NAME: McCollum LARRY TDCJ # 1105538 UNIT: 3B08

CHECK THE APPROPRIATE TYPE:

___ CRISIS MANAGEMENT ✓ PSYCHOLOGICAL OBSERV. ___ SECLUSION
___ RESTRAINT

DATE & TIME BEGUN 12-9-03 / 0700

ITEMS ALLOWED: (Check appropriate boxes)

✓ CLOTHING
✓ UNDERGARMENTS ONLY
___ SUICIDE BLANKET
✓ MATTRESS
___ PILLOW

___ REGULAR TRAY
✓ PAPER TRAY
___ SACK LUNCH
___ OTHER (Specify) : _____

CODE EXPLANATION

1.	Beating on door/wall	22 needs
2.	Yelling, screaming	
3.	Crying	
4.	Laughing	
5.	Singing	
6.	Mumbling	
7.	Talking to self	
8.	Talking to others	
9.	Standing still	
10.	Walking	
11.	Sitting or lying	
12.	Quiet	
13.	Sleeping	
14.	Meals/fluids	
15.	Bath/shower	
16.	Toilet	
17.	Restraints loosened	
18.	Range of motion	
19.	Out-of-cell	
20.	Refuse shower	
21.	Sick Visit	

TIME OF VISUAL CHECK

7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
7:00 W	3:00	11:00
7:15	3:15	11:15
7:30	3:30	11:30
7:45 W	3:45	11:45
8:00 W	4:00	12:00
8:15 W	4:15	12:15
8:30	4:30	12:30
8:45 W	4:45	12:45
9:00	5:00	1:00
9:15	5:15	1:15
9:30	5:30	1:30
9:45 W	5:45	1:45
10:00 W	6:00	2:00
10:15 W	6:15	2:15
10:30 W	6:30	2:30
10:45 W	6:45	2:45
11:00	7:00	3:00
11:15	7:15	3:15
11:30	7:30	3:30
11:45	7:45	3:45
12:00	8:00	4:00
12:15	8:15	4:15
12:30	8:30	4:30
12:45	8:45	4:45
1:00	9:00	5:00
1:15	9:15	5:15
1:30	9:30	5:30
1:45	9:45	5:45
2:00	10:00	6:00
2:15	10:15	6:15
2:30	10:30	6:30
2:45	10:45	6:45

PRINTED NAME	INITIALS
Whitehead	W
Armstrong	
Brinkley	
Hunt	
Staley	
Sorrells	

(Rev. 12/97)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

OBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION, SECLUSION OR RESTRAINT

NAME: McClellum, LARRY TDCJ # 1105538 UNIT: SU3B-08

CHECK THE APPROPRIATE TYPE:
✓ CRISIS MANAGEMENT ✓ PSYCHOLOGICAL OBSERV. ___ SECLUSION
___ RESTRAINT

DATE & TIME BEGUN 12-07-03

ITEMS ALLOWED: (Check appropriate boxes)
✓ CLOTHING
___ UNDERGARMENTS ONLY
___ SUICIDE BLANKET
___ MATTRESS
✓ PILLOW
___ REGULAR TRAY
✓ PAPER TRAY
___ SACK LUNCH
___ OTHER (Specify) : _____

CODE EXPLANATION

1. Beating on door/wall
2. Yelling, screaming
3. Crying
4. Laughing
5. Singing
6. Mumbling
7. Talking to self
8. Talking to others
9. Standing still
10. Walking
11. Sitting or lying
12. Quiet
13. Sleeping
14. Meals/fluids
15. Bath/shower
16. Toilet
17. Restraints loosened
18. Range of motion
19. Out-of-cell
20. BACK TO CELL
21. DISCONTINUED

PRINTED NAME / INITIALS
R. Salman COIII — RS
HUNT — 7/4
_____ — _____
_____ — _____

TIME OF VISUAL CHECK

7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
7:00 RS	3:00 21 7/4	11:00 ___
7:15 RS	3:15 ___	11:15 ___
7:30 RS	3:30 ___	11:30 ___
7:45 RS	3:45 ___	11:45 ___
8:00 RS	4:00 ___	12:00 ___
8:15 RS	4:15 ___	12:15 ___
8:30 RS	4:30 ___	12:30 ___
8:45 RS	4:45 ___	12:45 ___
9:00 RS	5:00 ___	1:00 ___
9:15 RS	5:15 ___	1:15 ___
9:30 RS	5:30 ___	1:30 ___
9:45 RS	5:45 ___	1:45 ___
10:00 RS	6:00 ___	2:00 ___
10:15 RS	6:15 ___	2:15 ___
10:30 RS	6:30 ___	2:30 ___
10:45 RS	6:45 ___	2:45 ___
11:00 RS	7:00 ___	3:00 ___
11:15 RS	7:15 ___	3:15 ___
11:30 RS	7:30 ___	3:30 ___
11:45 19 7/4	7:45 ___	3:45 ___
12:00 19 7/4	8:00 ___	4:00 ___
12:15 19 7/4	8:15 ___	4:15 ___
12:30 19 7/4	8:30 ___	4:30 ___
12:45 19 7/4	8:45 ___	4:45 ___
1:00 19 7/4	9:00 ___	5:00 ___
1:15 19 7/4	9:15 ___	5:15 ___
1:30 19 7/4	9:30 ___	5:30 ___
1:45 19 7/4	9:45 ___	5:45 ___
2:00 19 7/4	10:00 ___	6:00 ___
2:15 19 7/4	10:15 ___	6:15 ___
2:30 20 7/4	10:30 ___	6:30 ___
2:45 11 7/4	10:45 ___	6:45 ___

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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

OBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION, SECLUSION OR RESTRAINT

NAME: McCollum, Michael TDCJ # 1105538 UNIT: SV3 B08

CHECK THE APPROPRIATE TYPE:

____ CRISIS MANAGEMENT ____ PSYCHOLOGICAL OBSERV. ____ SECLUSION
___ RESTRAINT

DATE & TIME BEGUN 12-07-03

ITEMS ALLOWED: (Check appropriate boxes)

___CLOTHING
___UNDERGARMENTS ONLY
___SUICIDE BLANKET
___MATTRESS
___PILLOW
___ REGULAR TRAY
✓ PAPER TRAY
___ SACK LUNCH
___ OTHER (Specify) : _____

CODE EXPLANATION

1. Beating on door/wall
2. Yelling, screaming
3. Crying
4. Laughing
5. Singing
6. Mumbling
7. Talking to self
8. Talking to others
9. Standing still
10. Walking
11. Sitting or lying
12. Quiet
13. Sleeping
14. Meals/fluids
15. Bath/shower
16. Toilet
17. Restraints loosened
18. Range of motion
19. Out-of-cell
20. Meals
21. _____

TIME OF VISUAL CHECK		
7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
7:00 11 W	3:00 11	11:00 11 CP
7:15 11 W	3:15 11	11:15 11 CP
7:30 11 W	3:30 11	11:30 11 CP
7:45 11 W	3:45 11	11:45 11 CP
8:00 11 W	4:00 11	12:00 11 CP
8:15 11 RS	4:15 13	12:15 11 CP
8:30 11 RS	4:30 13	12:30 BSII
8:45 11 RS	4:45 11	12:45 11 CP
9:00 11 RS	5:00 13	1:00 11 CP
9:15 11 RS	5:15 13	1:15 11 CP
9:30 11 RS	5:30 11	1:30 11 CP
9:45 11 RS	5:45 13	1:45 11 CP
10:00 11 RS	6:00 13	2:00 11 CP
10:15 11 RS	6:15 11	2:15 11 CP
10:30 11 RS	6:30 11 CP	2:30 11 CP
10:45 11 RS	6:45 11 CP	2:45 11 CP
11:00 11 RS	7:00 11 CP	3:00 11 CP
11:15 11 RS	7:15 11 CP	3:15 11 CP
11:30 11 RS	7:30 11 CP	3:30 11 CP
11:45 11 RS	7:45 11 CP	3:45 11 CP
12:00 11 RS	8:00 11 CP	4:00 11 CP
12:15 11 RS	8:15 11 CP	4:15 11 CP
12:30 11 RS	8:30 11 CP	4:30 11 CP
12:45 11 RS	8:45 11 CP	4:45 11 CP
1:00 11 RS	9:00 11 CP	5:00 11 CP
1:15 11 RS	9:15 11 CP	5:15 11 CP
1:30 11 RS	9:30 11 CP	5:30 11 CP
1:45 13	9:45 11 CP	5:45 11 CP
2:00 11	10:00 11 CP	6:00 11 CP
2:15 13	10:15 11 CP	6:15 11 CP
2:30 13	10:30 11 CP	6:30 11 RP
2:45 11	10:45 11 CP	6:45 11 RP

PRINTED NAME	INITIALS
Whitehead	W
R Selman	RS
Bolton	B
CPO	
R Patterson	RP

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

OBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION, SECLUSION OR RESTRAINT

NAME: McCollum Larry TDCJ # 110538 UNIT: SV3B-08

CHECK THE APPROPRIATE TYPE:

____ CRISIS MANAGEMENT ____ PSYCHOLOGICAL OBSERV. ____ SECLUSION
____ RESTRAINT

DATE & TIME BEGUN _____

ITEMS ALLOWED: (Check appropriate boxes)

- ✓ CLOTHING
- ✓ UNDERGARMENTS ONLY
- ___ SUICIDE BLANKET
- ✓ MATTRESS
- ___ PILLOW
- ___ REGULAR TRAY
- ✓ PAPER TRAY
- ___ SACK LUNCH
- ___ OTHER (Specify) : _____

CODE EXPLANATION

1. Beating on door/wall
2. Yelling, screaming
3. Crying
4. Laughing
5. Singing
6. Mumbling
7. Talking to self
8. Talking to others
9. Standing still
10. ~~Walking~~
11. Sitting or lying
12. Quiet
13. Sleeping
14. Meals/fluids
15. Bath/shower
16. Toilet
17. Restraints loosened
18. Range of motion
19. Out-of-cell
20. Meds given
21. _____

TIME OF VISUAL CHECK		
7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
7:00 11 RL	3:00 11 KL	11:00 11 KL
7:15 11 RL	3:15 11 KL	11:15 11 KL
7:30 11 RL	3:30 11 KL	11:30 11 KL
7:45 11 RL	3:45 11 KL	11:45 11 KL
8:00 11 RL	4:00 11 KL	12:00 11 KL
8:15 11 RL	4:15 11 KL	12:15 11 KL
8:30 11 RL	4:30 11 KL	12:30 11 KL
8:45 11 RL	4:45 11 KL	12:45 11 KL
9:00 11 RL	5:00 11 KL	1:00 11 KL
9:15 11 RL	5:15 11 KL	1:15 11 KL
9:30 11 RL	5:30 11 KL	1:30 11 KL
9:45 11 RL	5:45 11 KL	1:45 11 KL
10:00 11 RL	6:00 11 KL	2:00 11 KL
10:15 11 RL	6:15 11 KL	2:15 11 KL
10:30 11 RL	6:30 11 KL	2:30 11 KL
10:45 11 RL	6:45 11 KL	2:45 11 KL
11:00 11 RL	7:00 11 KL	3:00 11 KL
11:15 11 RL	7:15 11 KL	3:15 11 KL
11:30 11 RL	7:30 11 KL	3:30 11 KL
11:45 11 RL	7:45 11 KL	3:45 11 KL
12:00 11 RL	8:00 11 KL	4:00 11 KL
12:15 11 RL	8:15 11 KL	4:15 11 KL
12:30 11 RL	8:30 11 KL	4:30 11 KL
12:45 11 RL	8:45 11 KL	4:45 11 KL
1:00 11 RL	9:00 11 KL	5:00 11 KL
1:15 11 RL	9:15 11 KL	5:15 11 KL
1:30 11 RL	9:30 11 KL	5:30 11 KL
1:45 11 RL	9:45 11 KL	5:45 11 KL
2:00 11 RL	10:00 11 KL	6:00 11 KL
2:15 11 RL	10:15 11 KL	6:15 11 KL
2:30 11 RL	10:30 11 KL	6:30 11 KL
2:45 11 RL	10:45 11 KL	6:45 11 KL

PRINTED NAME	INITIALS
Rasberry	RR
Ford	M
Jacobs	J
Williamson	
Mobley	
K Layden	KL

2004

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

OBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION, SECLUSION OR RESTRAINT

NAME: Mcclellan, Larry TDCJ # 1105538 UNIT: SV

CHECK THE APPROPRIATE TYPE:

✓ CRISIS MANAGEMENT ___ PSYCHOLOGICAL OBSERV. ___ SECLUSION
___ RESTRAINT

DATE & TIME BEGUN _____

ITEMS ALLOWED: (Check appropriate boxes)

✓ CLOTHING
___ UNDERGARMENTS ONLY
___ SUICIDE BLANKET
✓ MATTRESS
___ PILLOW
___ REGULAR TRAY
✓ PAPER TRAY
___ SACK LUNCH
___ OTHER (Specify) : _____

CODE	EXPLANATION
1.	Beating on door/wall
2.	Yelling, screaming
3.	Crying
4.	Laughing
5.	Singing
6.	Mumbling
7.	Talking to self
8.	Talking to others
9.	Standing still
10.	Walking
11.	Sitting or lying
12.	Quiet
13.	Sleeping
14.	Meals/fluids
15.	Bath/shower
16.	Toilet
17.	Restraints loosened
18.	Range of motion
19.	Out-of-cell
20.	_____
21.	_____

PRINTED NAME	INITIALS
ACKANOOK	A
[illegible]	[illegible]
JRawlinson	JR
Wilup	HW

TIME OF VISUAL CHECK

7 a.m. - 3 p.m.	3 p.m. - 11 p.m.	11 p.m. - 7 a.m.
7:00 11 A	3:00 11 A	11:00 11 HW
7:15 11 A	3:15 11 A	11:15 11 HW
7:30 11 A	3:30 11 A	11:30 11 HW
7:45 11 A	3:45 11 A	11:45 11 HW
8:00 11 A	4:00 11 A	12:00 11 HW
8:15 11 A	4:15 11 A	12:15 11
8:30 11 A	4:30 11 A	12:30 11
8:45 11 A	4:45 11 A	12:45 11
9:00 11 A	5:00 11 A	1:00 11 HW
9:15 11 A	5:15 11 A	1:15 11 HW
9:30 11 A	5:30 11 A	1:30 11 HW
9:45 11 A	5:45 11 A	1:45 11 HW
10:00 11 A	6:00 11 A	2:00 11 HW
10:15 11 A	6:15 11 A	2:15 11 HW
10:30 11 A	6:30 11 A	2:30 11 HW
10:45 11 A	6:45 11 A	2:45 11 HW
11:00 11 A	7:00 11 JR	3:00 11 HW
11:15 11 A	7:15 11 JR	3:15 11 HW
11:30 11 A	7:30 11 HW	3:30 11
11:45 11 A	7:45 11 HW	3:45 11
12:00 11 A	8:00 11 HW	4:00 11
12:15 11 A	8:15 11 HW	4:15 11
12:30 11 A	8:30 11 HW	4:30 11
12:45 11 A	8:45 11 HW	4:45 11
1:00 11 A	9:00 11 HW	5:00 11 HW
1:15 11 A	9:15 11 HW	5:15 11 HW
1:30 11 A	9:30 11 HW	5:30 11 HW
1:45 11 A	9:45 11 HW	5:45 11 HW
2:00 11 A	10:00 11 HW	6:00 11 HW
2:15 11 A	10:15 11 HW	6:15 11 HW
2:30 11 A	10:30 11 HW	6:30 11 A
2:45 11 A	10:45 11 HW	6:45 11 A

HSP-5 (Rev. 12/97)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

OBSERVATION CHECKLIST FOR CRISIS MANAGEMENT, PSYCHOLOGICAL OBSERVATION, SECLUSION OR RESTRAINT

NAME: McCollum TDCJ # 1105538 UNIT: SV

CHECK THE APPROPRIATE TYPE:

✓ CRISIS MANAGEMENT ___ PSYCHOLOGICAL OBSERV. ___ SECLUSION
___ RESTRAINT

DATE & TIME BEGUN 11/25/03 1810

ITEMS ALLOWED: (Check appropriate boxes)

✓ CLOTHING
__ UNDERGARMENTS ONLY
✓ SUICIDE BLANKET
✓ MATTRESS
__ PILLOW
__ ~~REGULAR TRAY~~
✓ ~~PAPER TRAY~~
✓ SACK LUNCH
✓ OTHER (Specify) : Paper Gown

CODE EXPLANATION / TIME OF VISUAL CHECK

Code	Explanation	7 a.m. - 3 p.m.		3 p.m. - 11 p.m.		11 p.m. - 7 a.m.	
1.	Beating on door/wall	7:00	[illegible]	3:00	[illegible]	11:00	10B
2.	Yelling, screaming	7:15	[illegible]	3:15	[illegible]	11:15	11B
3.	Crying	7:30	[illegible]	3:30	[illegible]	11:30	11B
4.	Laughing	7:45	20 [illegible]	3:45	[illegible]	11:45	11B
5.	Singing	8:00	11 KW	4:00	[illegible]	12:00	11B
6.	Mumbling	8:15	11 KW	4:15	[illegible]	12:15	11B
7.	Talking to self	8:30	[illegible]	4:30	[illegible]	12:30	11B
8.	Talking to others	8:45	[illegible]	4:45	[illegible]	12:45	11B
9.	Standing still	9:00	[illegible]	5:00	[illegible]	1:00	11B
10.	Walking	9:15	[illegible]	5:15	[illegible]	1:15	11B
11.	Sitting or lying	9:30	12 [illegible]	5:30	[illegible]	1:30	11B
12.	Quiet	9:45	12 [illegible]	5:45	[illegible]	1:45	11B
13.	Sleeping	10:00	[illegible]	6:00	[illegible]	2:00	11B
14.	Meals/fluids	10:15	[illegible]	6:15	[illegible]	2:15	11B
15.	Bath/shower	10:30	[illegible]	6:30	11B	2:30	9B
16.	Toilet	10:45	[illegible]	6:45	11B	2:45	9B
17.	Restraints loosened	11:00	14 [illegible]	7:00	11B	3:00	9B
18.	Range of motion	11:15	[illegible]	7:15	11B	3:15	9B
19.	Out-of-cell	11:30	[illegible]	7:30	11B	3:30	9B
20.	Refused shower	11:45	[illegible]	7:45	11B	3:45	9B
21.	[illegible]	12:00	[illegible]	8:00	11B	4:00	9B
		12:15	[illegible]	8:15	11B	4:15	9B
		12:30	11 KA	8:30	10B	4:30	11B
		12:45	11 KA	8:45	10B	4:45	11B
		1:00	11 KA	9:00	10B	5:00	11B
		1:15	11 KA	9:15	11B	5:15	11B
		1:30	11 KA	9:30	9B	5:30	11B
		1:45	11 KA	9:45	7B	5:45	9B
		2:00	[illegible]	10:00	7B	6:00	9B
		2:15	[illegible]	10:15	9B	6:15	11B
		2:30	[illegible]	10:30	9B	6:30	10A
		2:45	[illegible]	10:45	21, 11, 12	6:45	10A 21 VE

PRINTED NAME	INITIALS
A. Harris CO	[illegible]
[illegible]	R
[illegible]	K.
V. Elliott hue	VE

[illegible]NIC NOTES

TEXAS DEPA[illegible]MENT OF CRIMINAL JUS[illegible]
INSTITUTIONAL DIVISION

Name: McCollum Larry
DCJ No.: 1105538
Unit: SV

Date & Time	Notes
7/25/13 1810	SKYVIEW: RN ADMISSION NOTE: SVCR
	SENDING UNIT: CL MODE OF ARRIVAL: ambulatory
	REASON FOR REFERRAL: Waiting on a ride to go to daddy funeral, yelling out banging, poor hygiene, disoriented.
	CHIEF C/O: Complained of feeling depressed, hears voice a male telling him to hurt self & others
	PHYSICAL ASSESS: AGE: 50 y/o W/M ALLERGIES: NKDA
	V/S: B/P 184/88 P 130 T 98 R 20 WT 218 # Ht 68 in AIMS: hand tremors
	PHYSICAL C/O OR INJURIES: c/o chronic knee & back pain
	CHRONIC ILLNESS: Obesity Depression Chronic back pain
	MENTAL ASSESS: ORIENTATION: (circle) PERSON PLACE TIME no Disheveled poor hygiene, unsteady c fine alert
	HALLUCINATIONS/DELUSIONS: (explain) yes
	SUICIDAL/HOMICIDAL IDEAS: (explain) Denies @ this time
	CURRENT MEDS: Benadryl, Fluoxetine, Cogentin
	EXPLAINED REASON FOR ADMIT, EXPECTED LENGTH OF STAY, BEHAVIOR REQUIRED FOR DISCHARGE, HOW TO ACCESS MEDICAL CARE AT S/V.
	PT GIVEN: (circle) SUICIDE BLANKET, MATTRESS, SHORTS, PAPER GOWN, REG TRAY, PAPER TRAY, SACK MEALS, OTHER Ø change
	SIGNATURE/ TITLE: [illegible] RN

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
TDCJ No.: 1105538
Unit: CL

Date & Time	Notes
11/24/3 1325	On this date this MHP saw this offender cell side (X-19). Mr. McCollum is initially asked where he is (orientation) "I'm in (something) Springs". "I'm waiting for a ride to go to my dad's funeral". He is ill shaven & dishevelled. He has a pensive stare. He reports later during interview he knows where he's at then says "I need an aid to come & help me get this guy out of my cell"! He then says "no one's here". Called Dr. Reddy & reported the above. Dr. Reddy states he needs to be sent to the Skyview unit due to psychosis. He's on Haloperidol & Prozac. Contacted Mr. Kirby. He is to be transported to Skyview unit on this date — Tim Dorsett, M.Ed, LBSW

Please sign each entry with status.

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CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JU
INSTITUTIONAL DIVISION

Name: McCollum Larry
TDCJ No.: 1105538
Unit: CL

Date & Time	Notes
5/9/03 1400	Received 2 cases for not turning out for work. Cleared for disciplinary process. BILLY D. BURLESON, PSY. D.
5/22/3 1008	Cleared for disciplinary on this date — Tim Dossett, MHC
5/29/03 1305	Case received for refusing to turn out for work assignment, Cleared for disciplinary process. BILLY D. BURLESON, PSY. D.
6/9/03 1040 (6-17-03 P)	Please re-schedule Mr. McCollum for appt w/ Dr. Tchekoev on 6/17/03 — Tim Dossett, MHC —
8/12/03 0915	Cleared for disciplinary case on this date for not showing - Tim Dossett, MHC
8/14/3 1605	Call out McCollum on ~~8/15/03~~ 8/18/3 — Tim Dossett, MHC
8/15/3 0830 (8-18-03 MHC8)	Please lay-in Mr. McCollum for appt. w/ MHC on 8/18/3. Tim Dossett, MHC
8/18/3 0900	(S) Saw Mr. McCollum for F/U appt. He is seen due to security concern for his disheveled appearance & ~~sho~~ in hoarding strange objects. He denies any reports medi-condition psych. problems currently. He's not suicidal/homicidal. He denies delusional ideations. He reports eating/sleep average. (O) Mr. McCollum is a 49 yr. old white male incarcerated for 20 months on theft. He is fully oriented, has disheveled appearance. "I'm ok" "Just hot" (A) Major Depression (P) See cont Tim Dossett, MHC

Please sign each entry with status.

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0171

UNIVERSITY OF TEXAS MEDICAL BRANCH CORRECTIONAL MANAGED CARE
MENTAL HEALTH SERVICES
INDIVIDUALIZED TREATMENT PLAN (ITP)

Patient Name McCollum, Harry TDCJ# 1105538 Facility Skyview

Provider Type:
- [X] Psychiatrist/MLP PMH-NP
- [ ] Psychotherapist/Psychologist
- [ ] Mental Health Liaison/Social Worker
- [ ] Occupational Therapist
- [ ] Music Therapist
- [ ] Recreational Therapist

Program
- [X] Outpatient
- [ ] Inpatient
- [ ] AMPP
- [ ] Step-down

ITP Review Date:	Provider Initials

Date ITP Drafted: 12-3-03

ITP Closed Date: _____ (see Clinic Notes for details)

Initial DSM IV Diagnosis:
Axis I Depressive D/O, NOS; @ R/O
Axis II Mental D/O due to possible
Axis III Cardiovascular problems
Axis IV Incarceration
Axis V 53

Revised Diagnosis:
Revision date
Axis I
Axis II
Axis III
Axis IV
Axis V

Patient strengths Willing to accept treatment
Long-term goal(s) Remission of depression/anxiety
Problems/focus of intervention (1) ↓sleep, episodes of depression, anxiety
Date Identified 12-3-03 Short-term goal improve sleep, ↓ frequency of depression/anxiety
Anticipated achievement date 1-5-04 Actual achievement date
Treatment/intervention Antidepressant

Problems/focus of intervention (2)
Date Identified / Short-term goal
Anticipated achievement date Actual achievement date
Treatment/intervention

Problems/focus of intervention (3)
Date Identified Short-term goal
Anticipated achievement date Actual achievement date
Treatment/intervention

B. Meharry, MSN, RN, CS, PMH-NP [signature] PMH-NP 12-3-03

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
MENTAL HEALTH SERVICES

INDIVIDUAL TREATMENT PLAN

NAME McCollum, Larry TDCJ# 1105598 UNIT RC DATE ______

[illegible] major depression with psychotic features

PRIMARY DSM IV AXIS I & II DIAGNOSTIC IMPRESSIONS DSM IV CODE

AXIS I: ~~[illegible]~~ [illegible]

AXIS II: [illegible]

PROBLEMS/SYMPTOMS, GOALS AND TREATMENT PROGRAM

1. [illegible]

GOAL [illegible]

TREATMENT PROGRAM [illegible]

FREQUENCY [illegible] DURATION ______

CLINICIAN'S NAME/TITLE [illegible] SIGNATURE [illegible]

DATE(S) REVIEWED ______ DATE RESOLVED ______

OUTCOME ______

2. Depression, paranoid delusions.

GOAL [illegible]

TREATMENT PROGRAM [illegible]

FREQUENCY [illegible] DURATION 120

CLINICIAN'S NAME/TITLE [illegible] SIGNATURE [illegible]

DATE(S) REVIEWED 9-17-03, 11-19-03 DATE RESOLVED ______

OUTCOME ______

3. ______

GOAL ______

TREATMENT PROGRAM ______

FREQUENCY ______ DURATION ______

CLINICIAN'S NAME/TITLE ______ SIGNATURE ______

DATE(S) REVIEWED ______ DATE RESOLVED ______

OUTCOME ______

4. ______

GOAL ______

TREATMENT PROGRAM ______

FREQUENCY ______ DURATION ______

CLINICIAN'S NAME/TITLE ______ SIGNATURE ______

DATE(S) REVIEWED ______ DATE RESOLVED ______

OUTCOME ______

HSP-4 (Rev. 12/97)

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Mc Collum, Larry
TDCJ No.: 1105538
Unit: CL

Date & Time	Notes
4/4/03 1140	(cont'd) still needs it. Tells where he housed now. Sleeps under a fan. Still has some residual physical effects from his head fright. Today is his birthday. Turned 50. Mom is in a Nursing Home where she placed her 3 years ago. Father died a year ago from cancer. Gets misty eyed talking about them. (A) Major Depression - improved. (P) Continue ITP. Follow PRN. Will see Dr. Tchobroev on 4/21/03 BILLY D. BURLESON, PSY. D.
4/21/03 0900	Dr. Tchobroev saw Mr. McCollum on 4/15/03 rather than 4/21/03 due to immediate concern about his mental state. See note dated 4-15-03. — Tim Dorsett, M.Ed, MHP
4/25/03 0900	I-60 rec'd in medical on 4/25/03: Request to see Psychologist ASAP about medications". Thanks Gov. Will call out 4/25/03. — Tim Dorsett, MHP
4/25/03 1010	(S) Saw Mr. McCollum per his I-60 dated 4/25/03. He States his new meds has "got him down". I sleep a lot. I'm not worried about as much but I felt I was better on previous meds. He reports "feeling sleepy a lot". He reports feeling sad but not suicidal/homicidal. He has no plans to harm anyone. (O) Mr. McCollum is a 49 yr. old white male incarcerated for 20 yrs. Fully oriented (P) Will see as needed — Tim Dorsett

Please sign each entry with status.

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CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Mc Collum, Larry
TDCJ No.: 1100538
Unit: B. Cole

Date & Time	Notes
3/18/03 7:15	Continue [illegible] pt claiming he was on psychotic medicine - he wanted help from [illegible] brother. Took different medicine [illegible] from joint pain. Received [illegible] for self injuries + other. He wants to have SSI.
	Ass same diagnosis
	Plan Nortriptyline
	Review in 3 mos.
	Wants SSI? not allegable!! [signature]
3/24/03 0950	Follow-up: (S)(O) "Got into something wrong last week." Got into a fight w/ cellie. "It was just a misunderstanding. Everything is gonna be okay." Sleeping a little bit better. Gets out Jan. 12, 2004. Has put in for a job change. Currently medically unassigned. Not getting too many letters from home, but hopes he is expecting some pictures. Looking forward to getting out. Got put in touch w/ a pen pal through church. (A) Major Depression
4-7-03 [illegible]	(P) RTC in 2 weeks. BILLY D. BURLESON, PSY.D. [signature]
4/4/03	Follow-up. (S) "Pretty good. Everything is running pretty smooth." (O) Not sleeping as well, [illegible] ran out on 3/29. Wants doctor to tell him if he (cont.)

Plaintiffs' MSJ Appx. 1062

Please sign each entry with status.

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CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum Larry
TDCJ No.: 1105538
Unit: CL

Date & Time	Notes
3/17/03 0950	Referred by security (S)(O) Pt. complains that other inmates are taking his property out of his locker. "Got a lot of anger. Things flare up & it's a long [illegible] to get to me!" Says he lost his ID card at Bels and feels like someone is getting stuff out of his commissary acct. Says he plans to take up for himself. "I'll respect them if they show me respect." Gets out Jan. 12. Not sleeping well. "I don't trust anybody on my dorm." Takes Zoloft in A.M. & Nortriptyline in P.M. Signed up for trade classes. Rambling speech. Fair eye contact. Zoloft expires this month. (A) Major Depression (P) Will see
JG [illegible]	Dr. on 3/18/03. RTC in one week.
	BILLY D. BURLESON, PSY.D. [signature]
3.18.03/7:15	Feels better. He claims he can't sleep, he claims he's anxiety, he will be release in 8 mo. Once in prison, now in jail, concerned about his father past may. He is divorced since 1983, he was in sales, he is use to do health care for his father. No nothing to injure himself but he is anxious about other people, he is [illegible]

Continue

Please sign each entry with status.

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Plaintiffs' MSJ Appx. 1063

CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, Larry
TDCJ No.: 1105538
Unit: Cole

Date & Time	Notes
2/13/03 1300	Saw Mr. McCollum per security referral that he was drinking water out of his commode. He denies drinking water out of the commode. He said he has a foul odor in his body & his mouth. I'm eating "OK". He said "no one's threatening." He said school's "going good for him". He is oriented to place, person, year. He said he doesn't show much respect so they don't show him much respect. When asked if he's concerned about his safety in his dorm he stated "Yes". This MHC contacted LT. Ashworth about the above concerns. (O) Mr. Collum is a 49 year old white male incarcerated for 20 mos. for theft. He presents w/ a euthymic affect. He is lucid & fully understands the conversation. (A) Major Depression (P) See as needed
	Tim [illegible], M.Ed, SCA, MHC
2/14/03	(S) Saw Mr. McCollum for his F.U. appt. He states he's been moved & he "feels better". He has a good appetite & sleeps better. He states he's "getting some rest & feeling better." He does want to see Dr. Rodriguez about his med. times to be changed.
2-19-03 p3/8	(O) Mr. McCollum is a 49 year old white male. He presents w/ a euthymic affect. (A) Major Depression (P) Refer to Dr. Rodriguez 2/19/03

Please sign each entry with status.

Plaintiffs' MSJ Appx. 1064

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CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: McCollum, JARR4
TDCJ No.: 1105532
Unit: CL

Date & Time	Notes
0930 2/10/03	(S) Saw MR. McCollum for a report from Security that he might be drinking water out of the toilet. He states he's doing "OK". He said he had an exciting weekend." He states that "everything got wet". He tried to wash his clothes himself. IT was reported that he put on wet clothes right after washing his clothes. He said that "things get tricky". He said he washes his clothes in the dorm". He is asked about where he washes his clothes & says he "really doesn't know". He said he washed his "clothes in the sink." He states Someone took his posters at one time. He states he's sleeping/eating good. He reports that Some inmates aggitated him but he said he's not being threated. He denies/ homocidal/ Suicidal Ideations. (O) MR. McCollum is a 49 year old white male incarcerated for 20 mos. for theft. He presents w/ a cooperative euthymic affect. He states He has no current psych. problems. He does state Some agitation. He has 11 months left to go before going Home. He has kind of a loud voice. He denies drinking
2-12-03 psyS	water out of the toilet. He states He enjoys working Puzzles. He denies that he would hurt any inmate. (A) MAJOR Depression (P) Refer to Dr. Rodriguez 2/12/03 - Tim Berry

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Mc Collum, Larry
TDCJ No.: 110 5537
Unit: CC

Date & Time	Notes
2/6/03 1000	I-60 dated 1/24/03 "We the undersigned of 7 dorm would like to express concern for our safety & that of Larry Mc Collum bunk #44 who since returning from Skyview unit is not capable of comprehending reality, delusional, babbles incoherently and has exhibiting being a danger by means of pushing another inmate face first into a bunk. We request he be removed from our dorm." — This I-60 was given to Psych on 1/24/03 by security and forwarded directly to the Chart because MR. Mc Collum is sent to Sky view facility for mental deterioration — Tina Stewart M.H.P.S.A., MHP
2/7/03 1345	(S) Saw MR. Mc Collum for his Scheduled triage appt. He states he's doing "a lot better". He states that since he got his meds changed & lower he's doing better! He reports He Has Sores & Corpins on his legs but no major Concerns. He said there was razors in his bunk. He reports no hallucinations. (O) MR. Mc Collum is a 49 Year old White Male incarcerated for 20 mos - for theft. He presents w/ a euthymic affect. He is fully oriented X4. He makes a few disjointed statements but he's a lot more coherent. His hygiene is fair. He reports some sporadic Complaints. He is informed to send a sick-call to medical about medical problems. (A) (P) Follow up on 2/14/03 — Tina Stewart MHP
2/14/03 [illegible]	

Please sign each entry with status.

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CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

NAME: Mc Collum, LARRY

TDCJ NO.: # 110 5539

UNIT: BUSTER COLE STATE JAIL

DATE/TIME	MENTAL HEALTH REVIEW OF TRANSFER SCREENING
2/4/03 1612 S)	Offender arrived this date from:
	[x] Psychiatric inpatient/crisis management facility
	[x] _____ (TDCJ facility name)
O)	Review of medical record indicates:
	[ ] No current or past mental health treatment; no current mental health complaints; no current or past suicidal ideations or attempts
	[x] Current mental health treatment
	[ ] History of mental health treatment
	[ ] History of suicide attempts/gestures
	[ ] Current suicidal ideation
	[ ] Poor hygiene, disorientation, inappropriate behavior and/or thought process
A)	Assessment:
	[ ] No apparent mental health needs at this time
	[x] Possible mental health needs, non-urgent
	[ ] Possible mental health needs, urgent
	[ ] Current prescription for psychotropic medications
P)	Disposition:
	[ ] Continue routine in-processing
2-7-03 MHL18	[x] Schedule for routine mental health assessment (within 7 days)
	[ ] Schedule for immediate mental health assessment
	[ ] Schedule for psychiatrist/MLP (within 3 working days)
	Tim Dorsett, MHL

Please sign each entry with status.

UTMB MENTAL HEALTH SERVICES
CRISIS MANAGEMENT DISCHARGE SUMMARY

NAME McCollum, Larry TDCJ# 1105538 UNIT SV
PRIOR CM ADMISSIONS 4 # PRIOR INPATIENT ADMISSIONS N DATE OF LAST ADMISSION N/A
ADMISSION DATE 1/24/03 UNIT OF ORIGIN CL DISCHARGE DATE 1/29.03

REASON FOR ADMISSION Suicidal gestures (giving property away)

PRESENTING SYMPTOMS & COURSE OF STAY Denies any suicidal thoughts/intent. Reported he was only cleaning out locker at UOA and this was perceived by staff as sign of suicidal intent.

CURRENT MENTAL STATUS & RISK ASSESSMENT No signs of mental decompensation and asymptomatic of psychiatric distress. Euthymic mood c̄ broad affect. Compliant c̄ meds

Low risk for imminent potentially lethal suicide attempt.

DIAGNOSTIC IMPRESSION AXIS I 296.3
AXIS II

RECOMMENDATIONS/PLAN:

☐ ADMIT TO INPATIENT CARE

☒ ~~INITIATE~~/CONTINUE OUTPATIENT CARE (SPECIFY) Monitor/treat per O/P policy

☐ OTHER (SPECIFY)

☐ CONSULTATION WITH RECEIVING FACILITY MENTAL HEALTH OR MEDICAL STAFF CONDUCTED WITH (NAME)

Carroll Durst SP — CRISIS MANAGEMENT PSYCHOTHERAPIST SIGNATURE
1/29.03 — DATE

ADDITIONAL COMMENTS: